2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005475

1. Entity Name
SOUTHWEST FLORIDA BLUEGRASS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
297 HALLCREST TERRACE PORT CHARLOTTE, FL 33954	POST OFFICE BOX 512729 PUNTA GORDA, FL 33951

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02082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE, FL 33316

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WASHBURN, HERBERT
STREET ADDRESS	297 HALLCREST TERRACE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	D
NAME	GOOCH, NINA
STREET ADDRESS	453 STIPE ST
CITY-ST-ZIP	NORTH FT MYERS, FL 33903
TITLE	D
NAME	FOSTER, BILL
STREET ADDRESS	1315 LUCAYA AVENUE
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	TOLBERT, BUCK
STREET ADDRESS	4110 TONGA DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	SHALLOW, JOE
STREET ADDRESS	4236 COURTNEY ROAD
CITY-ST-ZIP	ST. JAMES CITY, FL 33956
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/04-80082-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Foster Bill Foster, Treasurer 2/8/2004 941-480 9728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #