

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90046 006 ****61.25

DOCUMENT # N99000005475 1. Entity Name SOUTHWEST FLORIDA BLUEGRASS ASSOCIATION, INC.					
Principal Place of Business 297 HALLCREST TERRACE PORT CHARLOTTE, FL 33954			Mailing Address POST OFFICE BOX 512729 PUNTA GORDA, FL 33951		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Frances Talley</i> Signature, typed or printed name of registered agent and title if applicable.				DATE <i>01-16-07</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHBURN, HERBERT 297 HALLCREST TERRACE PORT CHARLOTTE, FL 33954	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Frances Talley 744 Laurel Ave Venice, FL 34285	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JUDY 1212 FUNDY RD VENICE, FL 34293	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, BILL 1315 LUCAYA AVENUE VENICE, FL 34292	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLBERT, BUCK 4110 TONGA DRIVE SARASOTA, FL 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Frances Talley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <i>01-16-07</i> 941-481-9262 Date Daytime Phone #	