

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 22, 2008  
Secretary of State**

DOCUMENT# N99000005475

Entity Name: SOUTHWEST FLORIDA BLUEGRASS ASSOCIATION, INC.

**Current Principal Place of Business:**

297 HALLCREST TERRACE  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 512729  
PUNTA GORDA, FL 33951

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      WASHBURN, HERBERT  
Address:                      297 HALLCREST TERRACE  
City-St-Zip:                      PORT CHARLOTTE, FL 33954

Title:                      D                      ( ) Delete  
Name:                      KELLY, JUDY  
Address:                      1212 FUNDY RD  
City-St-Zip:                      VENICE, FL 34293

Title:                      T                      ( ) Delete  
Name:                      TALLEY, FRANCES  
Address:                      744 LAUREL AVE.  
City-St-Zip:                      VENICE, FL 34285

Title:                      D                      ( ) Delete  
Name:                      TOLBERT, BUCK  
Address:                      4110 TONGA DRIVE  
City-St-Zip:                      SARASOTA, FL 34241

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES TALLEY

TREA

02/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date