2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
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: D (X) Change ( ) Addition
Name: HORN, MARK
Address: 6054 225TH ST.E.
City-St-Zip: BRADENTON, FL 34211

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 OFFI 03/21/2009

Electronic Signature of Signing Officer or Director — Date