

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005475

FILED  
Jan 07, 2012  
Secretary of State

**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:**

297 HALLCREST TERRACE  
PORT CHARLOTTE, FL 33954

**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:**

WASHBURN, HERBERT L  
297 HALLCREST TER  
PORT CHARLOTTE, FL 33954 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: PT  
Name: WASHBURN, HERBERT  
Address: 297 HALLCREST TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33954

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

Title: S  
Name: MORELLA, MARY  
Address: 5201 PALOS VERDES  
City-St-Zip: SARASOTA, FL 34231

Title: D  
Name: HORN, MARK  
Address: 6054 225TH ST.E.  
City-St-Zip: BRADENTON, FL 34211

Title: D  
Name: DAVIS, FLOYD JR  
Address: 5408 MURPHY ST.  
City-St-Zip: PORT CHARLOTTE, FL 33981

I hereby 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 all other like empowered.

SIGNATURE: HERBERT L. WASHBURN

PT

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date