FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718972 (3)

1. Corporation Name

SUNCOAST ALPINE SKI CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2438 TAMPA FL 33601	P.O. BOX 2438 TAMPA FL 33601

3. Date Incorporated or Qualified: 08/07/1970
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-1710097 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SINGLETON, CPA M R
3314 HENDERSON BLVD, STE 205
35 DAVIS BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 208 S. MACDILL AVENUE STE B

83

84 City: TAMPA FL 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VICE PRESIDENT D	☐ Change ☒ Addition
NAME	DUCKSTEIN, WAYNE		1.2 NAME	HARRY BROWN	
STREET ADDRESS	6005 ADAGION LANE		1.3 STREET ADDRESS	4021 PRIORY CR	
CITY-ST-ZIP	APOLLO BCH FL		1.4 CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VD	☐ DELETE	2.1 TITLE	PRESIDENT D	☒ Change ☐ Addition
NAME	LINGLE, SHAWN		2.2 NAME	SHAWN LINGLE	
STREET ADDRESS	404 S ALBANY AVE		2.3 STREET ADDRESS	404 S ALBANY AVE	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA FL 33606	
TITLE	TD	☐ DELETE	3.1 TITLE	TREASURER D	☐ Change ☐ Addition
NAME	FALLEN, JANET		3.2 NAME	JANET FALLEN	
STREET ADDRESS	1002 CENTERBROOK DR		3.3 STREET ADDRESS	1002 CENTERBROOK DR	
CITY-ST-ZIP	BRANDON FL		3.4 CITY-ST-ZIP	BRANDON FL 33511	
TITLE	SD	☐ DELETE	4.1 TITLE	SECRETARY D	☐ Change ☒ Addition
NAME	MEINIG, MARDI		4.2 NAME	ALAN JACKSON	
STREET ADDRESS	12110 LAKE CARROLL DRIVE		4.3 STREET ADDRESS	8341 LIMAN DR	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	900001925549	☐ Change ☐ Addition
NAME			6.2 NAME	-08/19/96--01028--036	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Fallen Treasurer 4-25-96 813 247-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JANET FALLEN