SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 13 1998 8:00am
Secretary of State

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: 06/07/1970
4. FEI Number: 59-1710097 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SINGLETON, CPA M R 208 S. MACDILL AVE. STE. B TAMPA FL 33609	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

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	VD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BROWN, HARRY		1.2 NAME	Brown, Harry	
STREET ADDRESS	4021 PRIORY CR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	2.1 TITLE	TD	☐ Change ☑ Addition
NAME	LINGLE, SHAWN		2.2 NAME	Betty K. Foretich	
STREET ADDRESS	404 S ALBANY AVE		2.3 STREET ADDRESS	2116 Tarpon Landing Dr	
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	TD	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	FALLEN, JANET		3.2 NAME	Barbara Nelson	
STREET ADDRESS	1002 CENTERBROOK DR		3.3 STREET ADDRESS	4009 Priory Circle	
CITY-ST-ZIP	BRANDON FL 33511		3.4 CITY-ST-ZIP	Tampa FL 33624	
TITLE	SD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, ALAN		4.2 NAME		
STREET ADDRESS	8341 LIMAN DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT. RICHEY FL 34653		4.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: Betty K. Foretich, Treasurer 8-5-98 727-943-0273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #