2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718972

Apr 17, 2005 Secretary of State

Entity Name: SUNCOAST ALPINE SKI CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

7015 ARMENIA AVE N TAMPA, FL 33604

Current Mailing Address: New Mailing Address:

PO BOX 25144 TAMPA, FL 336225144 US

FEI Number: 59-1710097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BAY AREA ACCOUNTING-PHILLIP REID-CPA 7015 ARMENIA AVE N TAMPA, FL 33604

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:

OFFICERS AND DIRECTORS:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SMITH, JAMES MOUMNE, TOUFIC Name: Name:

1104 SAMY DR Address: 9909 WOODBAY DRIVE Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33626

(X) Change () Addition Title: () Delete Title: Name: MOUMNE, TOUFIC Name: HOUSEWRIGHT, PATTIE

Address: 9909 WOODBAY DRIVE Address: 10008 BENTLEY WAY City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626

Title: TD () Delete Title: (X) Change () Addition HARL, TERRY NELSON, BARBARA Name: Name:

4009 PRIORY CIR Address: 4416 W. IDLEWILD Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33618

(X) Change () Addition Title: SD () Delete Title: SD Name: MASON, BRIAN Name: HARL, TERRY

Address: 18005 CLEARLAKE DRIVE Address: 4416 WEST IDLEWILD AVE

City-St-Zip: LUTZ, FL 33548 City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TERRY HARL SD 04/17/2005