


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 725146 (5)</b> 1. Corporation Name <b>GOLD COAST SKI CLUB, INC.</b>			
Principal Place of Business 12022 N.W. 31ST DR. CORAL SPRINGS FL 33065		Mailing Address 12022 N.W. 31ST DR. CORAL SPRINGS FL 33065-3220	
2. Principal Place of Business 21 <b>P.O. Box 1663</b> Suite, Apt. #, etc. 22 City & State 23 <b>DELRAY BEACH, FL</b> Zip Country 24 <b>33447 USA</b>		2a. Mailing Address 26 <b>P.O. Box 1663</b> Suite, Apt. #, etc. 27 City & State 28 <b>DELRAY BEACH, FL</b> Zip Country 29 <b>33447 USA</b>	
3. Date Incorporated or Qualified <b>01/03/1973</b>		3a. Date of Last Report <b>05/16/1996</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>KREEGER, RICHARD A.</b> <b>12022 N.W. 31ST DR.</b> <b>CORAL SPRINGS FL 33065</b>		10. Name and Address of New Registered Agent 81 Name <b>LYNN MROCZEK</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>1208 NW 7TH STREET</b> 84 City <b>BOYNTON BEACH</b> <b>FL</b> 85 Zip Code <b>33426</b>	
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 617.0903, Florida Statutes. SIGNATURE <b>LYNN MROCZEK</b> <i>[Signature]</i> <b>1/13/97</b> <small>Signature, typed or printed name of registered agent and title if applicable. (Not a Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b> NAME <b>WALKER, JOHN</b> STREET ADDRESS <b>644 EAGLE DR.</b> CITY-ST-ZIP <b>DELRAY BEACH FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b> 1.2 NAME <b>JOHN WALKER</b> 1.3 STREET ADDRESS <b>4311 CRYSTAL LK. DR.</b> 1.4 CITY-ST-ZIP <b>POMPAHO BCH, FL 33064</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>ROHNER, DORIS</b> STREET ADDRESS <b>3031 S.W. 108TH WAY</b> CITY-ST-ZIP <b>DAVE FL</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP/D</b> 2.2 NAME <b>RHONDA COBB</b> 2.3 STREET ADDRESS <b>10781 DENOEUX ROAD</b> 2.4 CITY-ST-ZIP <b>BOYNTON BCH, FL 33437</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>BLAIS, STEFANIE</b> STREET ADDRESS <b>2433 N.W. 40TH CIRCLE</b> CITY-ST-ZIP <b>BOCA RATON FL</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>P/D</b> 3.2 NAME <b>STEFANIE BLAIS</b> 3.3 STREET ADDRESS <b>3408 DIAUE DR</b> 3.4 CITY-ST-ZIP <b>BOYNTON BCH, FL 33435</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>KREEGER, RICHARD</b> STREET ADDRESS <b>12022 NW 31 DR.</b> CITY-ST-ZIP <b>CORAL SPRINGS FL</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>MD</b> 4.2 NAME <b>MARK WEIS</b> 4.3 STREET ADDRESS <b>23261 WATER CIRCLE</b> 4.4 CITY-ST-ZIP <b>BOCA RATON, FL 33486</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>KREEGER, JANET</b> STREET ADDRESS <b>12022 NW 31ST DR.</b> CITY-ST-ZIP <b>CORAL SPRINGS FL</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>MROCZEK, LYNN</b> STREET ADDRESS <b>1208 N.W. 7TH ST.</b> CITY-ST-ZIP <b>BOYNTON BEACH FL</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>S/D</b> 6.2 NAME <b>LYNN MROCZEK</b> 6.3 STREET ADDRESS <b>1208 NW 7TH ST</b> 6.4 CITY-ST-ZIP <b>BOYNTON BCH, FL 33426</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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: <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/25/97</b> <b>561-272-2702</b> <small>Date Daytime Phone # 0022152</small>	

CR2E037 (9/96)