FILE NOW: FILING FEE IS \$61.25

FILED May 17, 1999 8:00 am Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		Secretary of State 05-17-1999 90085 034 ****70.00		
DOCUMENT # 725146 1. Corporation Name	(5)				
Gold Coast Ski Clu	b, Inc.				
Principal Place of Business Mailing Address		6.2	-		
P.O. Box 1663 P.O. Box 166 Delray Beach, FL 33447 Delray Beach			7		
US	us	,			
2. Principal Place of Business 2a. Mailing Address 21 PO Box 4275 26 PO Box 42		75	3. Date Incorporated or Qualified 1 / 3 / 73		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number Not Applicable	Applied For X Not Applicable	
City & State	City & State		5 Certificate of Status Desired	\$8.75 Additional	
23 Deerfield Beach FL Zip Country	Zip Deerfield	Beach, FL Country	6. Election Campaign Financing	Fee Required \$5.00 May Be	
24 33442 25 US	29 33442 3		Trust Fund Contribution	Added to Fees	
9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New Register	red Agent	
Mroczek. Lynn					
1208 NW 7th Street		82 Street Add 6910	ress (P.O. Box Number is Not Acceptable) Escobar Court		
Boynton Beach, FL 3	3426	83			
84 City				85 Zip Code	
Boca RAton, FL 33433				- 1 133333	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE PD	X DELETE	1.3 41122	PD Mindy Dungan	Change X Addition	
NAME Feuchter, Scott			Mindy Duncan 1724 SW 13th Street		
STREET ADDRESS 2791 NW 107th TOTY ST. ZIP Sunrise, FL 33			Ft. Lauderdale, FL		
TITLE M	X DELETE	2.1 TITLE	VD	Change X Addition	
NAME STREET ADDRESS SWR36th Ave	nue		Ed Finley		
STREET ADDRESS Boynton Beach,			1136 NE 17th Way	33304	
TITLE D	X DELETE		TD Lauderdare, FL	Change X Addition	
NAME Debien, Joann 1320 SW 22nd Ave			Donna Petress		
Dellar Des Dr. 22445			2791 NW 83rd Terrac Coral Springs, FL	e 33065	
TITLE TD	X DELETE	•	D	Change X Addition	
NAME Weis, Mark		42 NAME	John Demarco		
STREET ADDRESS 23261 Water Circle		1.0 0112211231230	891 NW 75th Terrace	17	
CITY-ST-ZIP BOCA RAton, FL			Plantation, FL 333	_ 	
NAME Kreeger, Janet	DELETE	5.1 TITLE 5.2 NAME		Change Addition	
STREET ADDRESS 12022 NW 31st D	rive	5.3 STREET ADDRESS		22055	
CITY-ST-ZIP Coral Springs,	<u> </u>	5.4 -CITY - ST - ZIP .		33065.	
MROGZAK Lynn	DELETE	6.1 TITLE		X Change Addition	
NAME MROCZEK, Lynn STREET ADDRESS 1208 NW 7th Str	eet.	6.2 NAME 6.3 STREET ADDRESS	6910 Escobar Court		
Since Aboress 200 1111 / CII DCI CCC			Boca Raton, FL 3343	33	
14. I bereby certify that the information supplied w			d in Caption 440 07/3)/i) Florida Statutae I fi	ethor cortify that the	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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, of or an attachment with an address, with all other like empowered.

SIGNATURE:	Lamo tetress, treasurer 4/22/98	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date	Daytime Phone #
TT 51 200005 4	Donna J. Petress, Treasurer/Director	