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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90101 012 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730623

1. Corporation Name

PENSACOLA SKI CLUB, INC.

Principal Place of Business
421 NORTH PALAFOX ST.
PENSACOLA FL 32501

Mailing Address
421 NORTH PALAFOX ST.
PENSACOLA FL 32501



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/06/1974

4. FEI Number

59-1911535

Applied For
Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MERTING, JOHN W.
421 NORTH PALAFOX ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE
NAME **BOND, JANIS**
STREET ADDRESS **7582 NORTHPOINTE BLVD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **TD** ☐ DELETE
NAME **PEAVY, DIANE**
STREET ADDRESS **226 LE STARBOARD DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32561**

TITLE **VPD** ☐ DELETE
NAME **FISHER, LYNN**
STREET ADDRESS **1280 MAHOGANY MILL RD, #11**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **PD** ☒ DELETE
NAME **KADAWAKI, HERB**
STREET ADDRESS **1566 HUNTER'S CREEK**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **VPD** ☐ DELETE
NAME **KEANEY, JOHANN**
STREET ADDRESS **11313 SEAGLADES DR**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **DIANE PEAVY**
1.3 STREET ADDRESS **226 LE STARBOARD DR**
1.4 CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **LYNN FISHER**
2.3 STREET ADDRESS **1280 MAHOGANY MILL RD #11**
2.4 CITY-ST-ZIP **PENSACOLA, FL 32507**

3.1 TITLE **VPD** ☐ Change ☒ Addition
3.2 NAME **MARY KAY CHAPLEAU**
3.3 STREET ADDRESS **111 SEAMARSE CIR.**
3.4 CITY-ST-ZIP **PENSACOLA, FL 32507**

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **JACK BROWN**
4.3 STREET ADDRESS **761 WHITNEY DR**
4.4 CITY-ST-ZIP **PENSACOLA, FL 32503**

5.1 TITLE **TD** ☒ Change ☐ Addition
5.2 NAME **JOHANN KEANEY**
5.3 STREET ADDRESS **11313 SEAGLADES DR.**
5.4 CITY-ST-ZIP **PENSACOLA, FL 32507**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99
Date

850-932-8763
Daytime Phone #

C-32E037 (1/198)