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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N35111** **(6)**

1. Corporation Name

SPACE COAST SKI CLUB, INC.

Principal Place of Business	Mailing Address
1901 S HARBOR CITY BLVD STE 705 MELBOURNE FL 32901 US	1901 S HARBOR CITY BLVD STE 705 MELBOURNE FL 32901-4772 US

3. Date Incorporated or Qualified: 11/06/1989
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business
21 P.O. Box 034107
22 Suite, Apt. #, etc.
23 City & State: Indialantic, Florida
24 Zip: 32903
25 Country: U.S.A.

2a. Mailing Address
26 P.O. Box 034107
27 Suite, Apt. #, etc.
28 City & State: Indialantic, Florida
29 Zip: 32903
30 Country: U.S.A.

4. FEI Number: 59-2975240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NICHOLAS, JAMES M.
1901 S HARBOR CITY BLVD
STE 705
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: Pepin, Sue
82 Street Address (P.O. Box Number is Not Acceptable): 57 Anchor Drive
83
84 City: Indian Harbor Beach FL 85 Zip Code: 32937

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: Sue Pepin
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SCHMID, RICK		1.2 NAME	Pepin, Sue	
STREET ADDRESS	623 CEDARSIDE WAY		1.3 STREET ADDRESS	57 Anchor Drive	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Indian Harbor Beach, Fl 32937	
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	PEPIN, SUE		2.2 NAME	Staubus, Cal	
STREET ADDRESS	57 ANCHOR DR		2.3 STREET ADDRESS	1406 Cypress Trace Drive	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL		2.4 CITY-ST-ZIP	Melbourne, Fla. 32940	
TITLE	D	☑ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DELUNA, ALAN		3.2 NAME	Varela, Manuel	
STREET ADDRESS	2210 WOODLAWN CIRCLE		3.3 STREET ADDRESS	197 Mcanopy Ct.	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	Indian Harbor Beach, Fla. 32937	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	LAWS, DENNIS		4.2 NAME		
STREET ADDRESS	7284 CHAPARAL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	NICHOLAS, JAMES		5.2 NAME	Schmid, Rick	
STREET ADDRESS	525 ISLAND COURT		5.3 STREET ADDRESS	623 Cedarside Way	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL		5.4 CITY-ST-ZIP	Melbourne, Fla. 32940	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	SMOAK, LISA		6.2 NAME		
STREET ADDRESS	4115 WINDOVER WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Lisa Smoak REQUIRED Jan 30, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018362