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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N35111**

1. Corporation Name
SPACE COAST SKI CLUB, INC.

Principal Place of Business	Mailing Address
PO BOX 034107 INDIALANTIC FL 32903 US	PO BOX 034107 INDIALANTIC FL 32903 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 11/06/1989 4. FEI Number 59-2975240 ☐ Applied For ☐ Not Applicable 5. Certifcate 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

NICHOLAS, JAMES M
525 ISLAND COURT
MELBOURNE FL 32937

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHMID, RICK		1.2 NAME		
STREET ADDRESS	623 CEDARSIDE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, LLOYD		2.2 NAME		
STREET ADDRESS	675 AZALEA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		2. 4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STAUBUS, CAL		3.2 NAME		
STREET ADDRESS	1406 CYPRESS TRACE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY-ST-ZIP		
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	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VARELA, MANUEL		5.2 NAME		
STREET ADDRESS	197 MICANOPY CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	SMOAK, LISA		6.2 NAME	Patricia Lewis	
STREET ADDRESS	4115 WINDOVER WAY		6.3 STREET ADDRESS	675 Azalea Ave.	
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP	Merritt Is. FL 32952	

CR2E037 (11/98)

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: Patricia Lewis Treasurer / 1-22-99 / 407-452-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #