2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# N35111

Entity Name: SPACE COAST SKI CLUB, INC.

Current Principal Place of Business:

PO BOX 034107
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 034107
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-2975240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLAS, JAMES M
525 ISLAND COURT
MELBOURNE, FL 32937 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	CONSTANTINO, CARLA	
Address:	3083 RIO PINO N.	
City-St-Zip:	INDIALANTIC, FL 32903	
Title:	TD	( ) Delete
Name:	QUENZLER, LAIRD	
Address:	104 RIVERSIDE DR #401	
City-St-Zip:	COCOA, FL 32922	
Title:	P	( ) Delete
Name:	QUENZLER, CLAIRE N	
Address:	104 RIVERSIDE DR. #401	
City-St-Zip:	COCOA, FL 32922	
Title:	D	( ) Delete
Name:	LAWS, DENNIS	
Address:	7284 CHAPARAL DRIVE	
City-St-Zip:	MELBOURNE, FL	
Title:	SD	( ) Delete
Name:	STRYBYS, CALVERT A	
Address:	1712 LONG PINE RD	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	T	( ) Delete
Name:	BARDELL, JUDY	
Address:	1145 N. SHANNON AVE #14	
City-St-Zip:	INDIALANTIC, FL 32903	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAIRD QUENZLER MR. 01/28/2004

Electronic Signature of Signing Officer or Director — Date