

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35111

FILED
Jul 03, 2008
Secretary of State

Entity Name: SPACE COAST SKI CLUB, INC.

Current Principal Place of Business:

104 RIVERSIDE DR.
401
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

104 RIVERSIDE DR
401
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 59-2975240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NICHOLAS, JAMES M
1851 A1A
4303
INDIAN HARBOR BEACH, FL 32937 US

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: PRES () Delete
Name: CONSTANTINO, CARLA
Address: 4173 DEERWOOD TRAIL
City-St-Zip: MELBOURNE, FL 32934

Title: T () Delete
Name: QUENZLER, LAIRD
Address: 104 RIVERSIDE DR #401
City-St-Zip: COCOA, FL 32922

Title: PP () Delete
Name: QUENZLER, CLAIR N
Address: 104 RIVERSIDE DR. #401
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: LLOYD, LEWIS
Address: 675 AZALEA AVE.
City-St-Zip: MERRITT ISLAND, FL 32952

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

TRES

07/03/2008

Electronic Signature of Signing Officer or Director

Date