FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -2 AM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22082 (4)

1. Corporation Name
BOCA RATON SKI CLUB, INC.

Principal Place of Business	Mailing Address
601 MAY POP BOCA RATON FL 33486 US	601 MAYPOP BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0036034 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HICKORY H R
601 MAY POP CT
BOCA RATON FL 33486

H R - Not H E
Maypop is one word

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: H Richard Hickory Treas — H Richard Hickory — 4-6-95
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	O'NEILL JIM	12 NAME	
STREET ADDRESS	6060 AMBERWOOD DR	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	HICKORY, H. R.	22 NAME	900001473549
STREET ADDRESS	601 MAYPOP	23 STREET ADDRESS	-05/03/95--01108--014
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	~~SD~~	31 TITLE	VPD ☒ Change ☐ Addition
NAME	CHRISTIANSEN SHARON	32 NAME	
STREET ADDRESS	1194 HILLSBORO MILE #65	33 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	RENNA, DONNA SD ☒ Change ☐ Addition
NAME	~~DAY, HAS~~	42 NAME	1200 SW 4 AVE
STREET ADDRESS	716 N.W. 5TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TUMAN MOLLY	52 NAME	
STREET ADDRESS	50 SW THIRD AVE 312F	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	
TITLE	VPD	61 TITLE	D ☒ Change ☐ Addition
NAME	THOMPSON LINDA	62 NAME	ELLEN BIVE
STREET ADDRESS	10924 NW 12 COURT	63 STREET ADDRESS	5806 ITHACA CIRCLE EAST
CITY-ST-ZIP	PLANTATION FL	64 CITY-ST-ZIP	LAKE WORTH FL 33463 CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: H Richard Hickory — 4-5-95 — 407 395 6025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061719