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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22082

(4)

BOCA RATON SKI CLUB, INC.

Principal Place of Business		Ma	Mailing Address				T 3 (60) 110 0 0 110 12 13 14 15 15 15 15 15 15 15			
601 MAYPOP COURT BOCA RATON FL 33486 US			601 MAYPOP COURT BOCA RATON FL 33486-5631 US							
							3. Date Incorporated or Qualified 08/17/1987		ate of Last F 03/28/19	
-	Place of Business	├	Mailing Address				4. FEI Number 65-0036034	<u> </u>		pplied For
21 Suite, Apt	# ato	26	Suite, Apt. #, etc.				03 0030034			ot Applicable
22	i. #, GIU.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional tequired
City & Sta	ite		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country		Zip	1	ountry		8. This corporation has liability for	_ ~ -	_	s. 199.032,
24	25 9. Name and Address of Curre	29 ant Regist	ared Agent	30			Florida Statutes 10. Name and Address of New F	Yes [
	Et issuite time Pauliers of Outlie	i.ogist	olea rigoitt		81 Na	 ame	IA' Manin and Walings Of Jam L	Mieroi en	- Aour	
LIKOMOE	N/ 11 🗗									
HICKORY H R 601 MAY POP					82 Str	eet Addres	ss (P.O. Box Number is Not Accept	able)]
	RATON FL 33486				83					
					84 Cit	y			85 Zip	Code
44 Durana	the the manifelant of Continue C17 OF	00 0	7 4500 Finds Con.	444 116-	1			<u>FL</u>	<u> </u>	4-1-1-1-1
office or	to the provisions of Sections 617.05 registered agent, or both, in the Stat am/lamiliar with, and accept the obli	te of Florid	la. Such change was	nes, me authoriz	above-nar ed by the	nea carpo corporatio	pration submits this statement for the on's board of directors. I hereby acc	ept the app	i changing pointment at	its registered
agent. I :	am/familiar/with, and accept the obli	gations of	, Section 617.0503, F	lorida St	atotes/	//				J
	14/1/201/11/1	/	//A	1			.)	¬ -		
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	Signature, typed or printed name of registered	* -	(applicable, (NO	Tt : Rogiste	red Agent sign	Mature Tequired	ADDITIONS/CHANGES TO OFF	DATE		RS IN 12
12.	Signature, types or printed name of registeres. Al	* -	if applicable. (NO	Tt : Registe 13 1.1	red Agent sign	Antere Tequired	ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	
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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.

CIGNATUDE.

CITY-ST-ZIP

1 R Hickory

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FILED

Feb 11 1997 8:00am

Secretary of State

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