


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90004 022 ****61.25

616571-90004-72

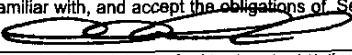


NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 718972 ✓					
1. Corporation Name SUNCOAST ALPINE SKI CLUB, INC.					
Principal Place of Business P.O. BOX 2438 TAMPA FL 33601			Mailing Address P.O. BOX 2438 TAMPA FL 33601		

2. Principal Place of Business 21 7015 ARMENIA AVE N.		2a. Mailing Address 26 P.O. Box 25144		3. Date Incorporated or Qualified 08/07/1970	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1710097	
City & State 23 TAMPA FLORIDA		City & State 28 TAMPA FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33604		Country 25 USA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Zip 30 33622-5144		Trust Fund Contribution	

9. Name and Address of Current Registered Agent SINGLETON, CPA M R 208 S. MACDILL AVE. STE. B TAMPA FL 33609				10. Name and Address of New Registered Agent 81 Name BAY AREA ACCOUNTING - Phillip Reid - CPA 82 Street Address (P.O. Box Number is Not Acceptable) 7015 ARMENIA AVE N 83 84 City TAMPA FL 85 Zip Code 33604			
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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  **PHILLIP A. REID, CPA** DATE **9/8/99**

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	PD	DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, HARRY			1.2 NAME			
STREET ADDRESS	4021 PRIORY CR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			1.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORETICH, BETTY K			2.2 NAME			
STREET ADDRESS	2116 TARPON LANDINGS DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, BARBARA			3.2 NAME			
STREET ADDRESS	4009 PRIORY CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	DOA HUTTO		
STREET ADDRESS				4.3 STREET ADDRESS	4427 E. KEYSVILLE RD		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	LITHIA FL 33547		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	GREG KOBID		
STREET ADDRESS				5.3 STREET ADDRESS	1435 MILSTREAM LANE #205		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	DUNEDIN FL 34698		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	GAIL ENLOW		
STREET ADDRESS				6.3 STREET ADDRESS	8324 PARKWOOD BLVD		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	SEMINOLE FL 33717		

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:  DATE **9/1/99** (813) 961-0687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR