2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725146

Entity Name: GOLD COAST SKI CLUB, INC.

Current Principal Place of Business:

2201 NW 9TH AVE (POWERLINE ROAD)

FT. LAUDERDALE, FL 33311

Current Mailing Address:

12202 NW 75TH PLACE PARKLAND. FL 33076 US

FEI Number: 75-3054921 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARR, GAYLE 3100 NE 28 STREET 106

FT. LAUDERDALE, FL 33308 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: GAYLE CARR 01/04/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER, DIRECTOR Title SECRETARY, DIRECTOR

NameCARR, GAYLENameCARR, GAYLEAddress3100 NE 28 STREETAddress3100 NE 28 ST.

City-State-Zip: FT. LAUDERDALE FL 33808 City-State-Zip: FT. LAUDERDALE FL 33308

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR Name DECARLO, RICHARD Name BELLACK, JEFF Address 12202 NW 75TH PLACE Address 421 SW 20TH STREET PARKLAND FL 33076 City-State-Zip: FT. LAUDERDALE FL 33315 City-State-Zip:

Title DIRECTOR Title DIRECTOR

NameWELLS, JEFFNameMCCLARRAN, JUSTINAddress1800 SE 17 STREETAddress409 SE 13 STREET

City-State-Zip: POMPANO FL 33060 City-State-Zip: FT. LAUDERDALE FL 33316

Title DIRECTOR Title DIRECTOR

Name MAUS, JOE Name HOLLERN, MIKE

Address 205 WEST DAVID BLVD. Address 8299 BOYNTON BEACH BLVD.

City-State-Zip: FT. LAUDERDALE FL 33315 City-State-Zip: BOYNTON BEACH FL 33472

I hereby 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 all other like empowered.

SIGNATURE: GAYLE CARR SECRETARY 01/04/2023

FILED Jan 04, 2023

Secretary of State

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