

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719841

Entity Name: MIAMI SKI CLUB, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

17145 S.W. 80TH COURT
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 560943
PINECREST, FL 332560943 US

New Mailing Address:

FEI Number: 23-7218170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, WILLIAM S
915 NW 1ST AVENUE
H907
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: MARGOLUIS, HOWARD
Address: 11225 SW 112 STREET
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: HARTMAN, DAVID
Address: PO BOX 372531
City-St-Zip: KEY LARGO, FL 33037

Title: SD () Delete
Name: BENDELL, ABBE
Address: 11825 SW 117 PLACE
City-St-Zip: MIAMI, FL 33186

Title: TD () Delete
Name: OLIVER, CINDY
Address: 11241 SW 129 COURT
City-St-Zip: MIAMI, FL 33186

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ONDRICEK, GEORGE
Address: P. O. BOX 560943
City-St-Zip: PINECREST, FL 332560943 US

Title: VD (X) Change () Addition
Name: MEIER, BERND
Address: P. O. BOX 560943
City-St-Zip: PINECREST, FL 332560943 US

Title: SD (X) Change () Addition
Name: SCHOCKLEY, MARY ANN
Address: P. O. BOX 560943
City-St-Zip: PINECREST, FL 332560943 US

Title: TD (X) Change () Addition
Name: STAHLMANN, CATHERINE
Address: P. O. BOX 560943
City-St-Zip: PINECREST, FL 332560943 US

Title: PPD () Change (X) Addition
Name: MARGOLUIS, HOWARD
Address: P. O. BOX 560943
City-St-Zip: PINECREST, FL 332560943 US

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: CATHERINE STAHLMANN

TD

02/17/2009

Electronic Signature of Signing Officer or Director

Date