## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 737226**

DAYTONA BEACH SKI CLUB, INC.

Principal Place of Business							
50 SANDRA	DRIVE						

Mailing Address .

50 SANDRA DRIVE

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90090 012 \*\*\*\*61.25

ORMOND BEACH FL 32176-3121 ORMOND BEACH FL 32176-3121					<b>  1</b>     1    1	<u> </u>		
	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed 11/04/1976			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-1788644		<del> </del>	olied For Applicable
22 City & Stat	e	City & State			5. Certificate of Status Desired		\$8.75 A	dditional
Zip	Country	Zip	Country		Election Campaign Financing		\$5.00	May Be
24	25	29 3	0		Trust Fund Contribution  10. Name and Address of New R		Added to	Fees
	9. Name and Address of Curren	t Registered Agent	81	Name	IV. Name and Address of New N	edistolon	- Agoin	
l			L					
LOUCKS, BOX 1520	WILLIAM E.		82	Street Add	Iress (P.O. Box Number is Not Accepta	ible)		
	BCH FL 32115		83					<u> </u>
			84	,		FL	- , ,	
11. Pursuant office or ragent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obligations.	2 and 617.1508, Florida Statutes of Florida. Such change was aut tions of, Section 617.0503, Florid	, the above horized by la Statutes	e-named con the corporat	poration submits this statement for the ion's board of directors. I hereby accept	purpose of the appo	l changing its i intment as reg	registered jistered
SIGNATURE	•				ed when reinstating)	DATE		
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	at affaignes sodon	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
ΠΤLE	P	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	GRABOW, KATHY		1.2 NAME					
STREET ADDRESS	ALLEN ENGOD TOUR		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-S	T-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE		TREASURED  Patty Underwood  So SandRA DR  DRMEND Black FI	ſ	Change	☐ Addition
NAME	UNDERWOOD, PATTY		2.2 NAME	1	Patty Linderwag	f	٠,	
STREET ADDRESS			2.3 STREE	TADDRESS 5	& SandRA DR	, 20	che 1	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-5	ST-ZIP C	Rmond Beach Fl	. 3d/	16	
TITLE	D	☐ DELETE	3.1 TITLE		2 -	_	Change	☐ Addition
NAME	INDIANER, LEONARD		3.2 NAME		-			-
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL	(3	3.4, CITY-5	ST-ZIP			☐ Change	Addition
ппцЕ	D	☐ DELETE	4.1 TITLE				☐ cuanha	—
NAME	MEYER, ROBERT		4. 2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL	<b>X</b> percur	4.4 CITY-S	iT-ZIP			☐ Change	Addition
TITLE	<u>  T</u>	DELETE	5.1 TITLE 5.2 NAME					
NAME	KERSHAW, BETH		1	T ADDRESS				
STREET ADDRESS	1 101 101000000000000000000000000000000		5.4 CITY-S	ļ	•			
CITY-ST-ZIP	ORMOND BEACH FL 32174	☐ DELETE	6.1 TITLE				☐ Change	Addition
TITLE		. DETELE	6.2 NAME					
NAME			E O'T LAME					

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS