

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 737226 1. Entity Name DAYTONA BEACH SKI & TRAVEL CLUB, INC					
Principal Place of Business 50 SANDRA DRIVE ORMOND BEACH FL 32176-3121			Mailing Address 50 SANDRA DRIVE ORMOND BEACH FL 32176-3121		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1788644	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOUCKS, WILLIAM E. BOX 15200 DAYTONA BCH FL 32115				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when translating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULLER, PEGGY 9317 FERNESY RD LEESBURG FL 34788	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UNDERWOOD, PATTY 50 SANDRA DR. ORMOND BEACH FL 32176	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INDIANER, LEONARD 501 PLAZA DRIVE DAYTONA BEACH FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABOW, KATHY 21 MAPLEWOOD TRAIL ORMOND BEACH FL 32174	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patty Underwood</i>		2-6-06		386-441-1871	