

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90030 001 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1788644	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
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 Patty Underwood Street Address (P.O. Box Number is Not Acceptable) 50 Sandra DR Ormond Beach City FL Zip Code 32176	
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 Patty Underwood Patty Underwood Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	Director	☒ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D INDIANER, LEONARD 501 PLAZA DRIVE DAYTONA BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	Carl Shoemaker 544 Riverside DR ORmond Beach FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	President	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patty Underwood** **3-3-07 386-441-107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #