

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1995 MAR -2 AM 8:33

DOCUMENT # 752474 (7)
1. Corporation Name
GREATER MIAMI SKI CLUB

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100001420471
-03/03/95--01035--013
*****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7971 NW 181 ST MIAMI FL 33016
7971 NW 181 ST MIAMI FL 33016

3. Date Incorporated or Qualified **05/14/1980** 3a. Date of Last Report **04/29/1994**
4. FEI Number **65-0060231** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1780 NW 94 Avenue** 26 **To Paul Feller**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **9408 Palm Circle So.** 27
City & State City & State
23 **Miami, FL** 28 **Pembroke Pines, FL**
Zip Country Zip Country
24 **33172** 25 **USA** 29 **33025** 30 **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
J. JOSEPH LUZORO
7971 N.W. 181 ST.
MIAMI FL 33015

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------|
| TITLE | P HANEY, DAVID A |
| NAME | 4811 NW 99 CT |
| STREET ADDRESS | MIAMI FL |
| CITY-ST-ZIP | |
| TITLE | VD SEMENTA, MIKE |
| NAME | 1623 COLLINS AVE., #415 |
| STREET ADDRESS | MIAMI BEACH FL |
| CITY-ST-ZIP | |
| TITLE | TD SEATON, SYLVIA |
| NAME | 3031 N. OCEAN BLVD #301 |
| STREET ADDRESS | FT. LAUDERDALE FL |
| CITY-ST-ZIP | |
| TITLE | SD SREENAN, BETH |
| NAME | 5000 SW 92 AVE |
| STREET ADDRESS | MIAMI FL |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | P James Mosser <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 4730 NW 51 Lane |
| 1.3 STREET ADDRESS | Miami, FL 33178 |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | VD Michael Sementa <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 1623 Collins Av #415 |
| 2.3 STREET ADDRESS | Miami Beach, FL |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | TD Paul Feller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 9408 Palm Circle So |
| 3.3 STREET ADDRESS | Pembroke Pines, FL 33025 |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | SD Robert Miller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | 7901 SW 139 Terr |
| 4.3 STREET ADDRESS | Miami, FL 33158 |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 3-2 |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE: *Paul Feller* **2/17/95** **305-861-3700**
(Print Name) (Date) (System Name)