

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752474 (7)

1. Corporation Name
GREATER MIAMI SKI CLUB



Principal Place of Business 1780 N.W. 94 AVE. MIAMI FL 33172	Mailing Address 15250 NW 6 CT 9468 PALM CIRCLE S. PEMBROKE PINES FL 33028 US
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3. Date Incorporated or Qualified 05/14/1980	
4. FEI Number 65-0060231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 1623 COLLINS AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #415
City & State 23	City & State 28 MIAMI BEACH
Zip 24	Country 29 33139
Country 25	Country 30 FLA

9. Name and Address of Current Registered Agent

**FELLER, PAUL
15250 NW 6 CT
PEMBROKE PINES FL 33028**

10. Name and Address of New Registered Agent

81 Name SEMENTA, MIKE
82 Street Address (P.O. Box Number is Not Acceptable) 1623 COLLINS AVE. #415
83
84 City MIAMI BEACH
85 State FL
86 Zip Code 33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Mike Sementa* DATE: **1/24/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOSSER, JAMES	
STREET ADDRESS	9730 N.W. 51 LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEMENTA, MIKE	
STREET ADDRESS	1623 COLLINS AVE., #415	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FELLER, PAUL	
STREET ADDRESS	15250 NW 6 CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LUZORO, JOE	
STREET ADDRESS	7971 NW 181 ST	
CITY-ST-ZIP	NO MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TURNAGE, ANNE MARIE	
STREET ADDRESS	9791 FOUNTAINBLEU BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<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		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: *Mike Sementa* **MIKE SEMENTA** DATE: **1/24/98** (305) 552-4530

CR2E037 (10/97)