


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

06-07-2004 90006 050 \*\*\*\*61.25

<b>DOCUMENT # 752474</b>			
1. Entity Name <b>GREATER MIAMI SKI CLUB</b>			
Principal Place of Business <b>1780 N.W. 94 AVE. MIAMI, FL 33172</b>		Mailing Address <b>1623 COLLINS AVE #415 MIAMI BCH, FL 33139 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEMENTA, MIKE 1623 COLLINS AVE #415 MIAMI BCH, FL 33139		Name: <b>JAMES MOSSER</b> Street Address (P.O. Box Number is Not Acceptable): <b>467 SW 191 TER</b> City: <b>PEMBROKE PINES</b> FL Zip Code: <b>33029</b>	
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: <i>Mike Sementa</i> <b>MIKE SEMENTA</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>James Mosser</i> <b>JAMES MOSSER</b> 6/4/09 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSSER, JAMES</b>	NAME	<b>MOSSER, JAMES</b>
STREET ADDRESS	<del>8730 N.W. 61 LANE</del>	STREET ADDRESS	<b>467 SW 191 TER.</b>
CITY-ST-ZIP	<del>MIAMI, FL 33178</del>	CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33029</b>
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEMENTA, MIKE</b>	NAME	
STREET ADDRESS	<b>1623 COLLINS AVE., #415</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH, FL</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, LOU</b>	NAME	
STREET ADDRESS	<b>159 E ENID DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KEY BISCAYNE, FL 33149</b>	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONGO, DENNIS</b>	NAME	
STREET ADDRESS	<b>12960 LERIDA STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 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: <i>Mike Sementa</i> <b>TREASURER</b>		6/4/09 305 987-3790 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

14023500



01092004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0060231** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Attachment  
14023500  
#752474

Mike Sementa  
1623 Collins Ave., Apt. 415  
Miami Beach, FL 33139  
Home Phone (305) 538-0602  
Cell Phone (305) 987-3790  
E-mail mikedoms@bellsouth.net

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

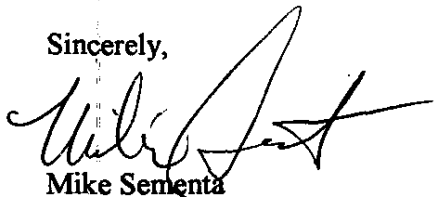
June 4, 2004

RE: 2004 Corporate Annual Report – Greater Miami Ski Club – FEI # 65-0060231

I spoke with an analyst in your office today, Friday, June 4<sup>th</sup>, to determine what had happened to our filing fee. I had originally sent in the annual report and the renewal fee on January 9, 2004, check number 1645. I called your office today because we noticed that this check has never cleared our bank. Your analyst could not find any record of our filing.

He instructed me to send a copy of the annual report and another check with this letter of explanation. If there's a problem please contact me at any of the above addresses or phone numbers.

Sincerely,



Mike Sementa