2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #752474

1. Entity Name GREATER MIAMI SKI CLUB



FILED
Jan 14, 2008 08:00 Al
Secretary of State

Principal Place of Business

1780 N.W. 94 AVE. MIAMI, FL 33172 Mailing Address

11385 SW 32ND STREET MIAMI, FL 33165 US



DO NOT WRITE IN THIS SPACE

| 01092008 No Chg-NP

4. FEI Number Applied For 65-0060231 Not Applied be

5. Certificate of Status Desired

Fee Required

CR2E037 (4/06)

8. Name and Address of Current Registered Agent

FERRADAZ, RACHEL 11385 SW 32ND STREET MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE			
	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	-
SIGNATURE.	Signature, typod or printed name of registered agent and title	If applicable, (NOTE: Registered	Agent signeture	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, LOU 159 EAST ENID DRIVE KEY BISCAYNE, FL 33149 VD DECHRISTOPHER, TOM 15500 GAUNTLET HALL MANOR DAVIE, FL 33331 SD LONGO, DENNIS 12960 LERIDA STREET MIAMI, FL 33156	CIORS		DO	000000734197 01/16/08-80046-002 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD FERRADAZ, RACHEL 11385 SW 32ND STREET MIAMI, FL 33165			IN	THIS SPACE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 eath; 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 attendment with an address with at other like empowered.

SIGNATURE:

CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08

305.436.9200

Daytime Phone ≢