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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767188

1. Corporation Name

WEST BROWARD SKI & TRAVEL CLUB, INC.

Principal Place of Business

% STEVE E. MOODY
1333 S. UNIVERSITY DR. #201
PLANTATION FL 33324

Mailing Address

% STEVE E. MOODY
1333 S. UNIVERSITY DR. #201
PLANTATION FL 33324



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/28/1983

4. FEI Number

65-0026984

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MOODY, STEVE E.
1333 S. UNIVERSITY DR. #201
PLANTATION FL 33324

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MOODY, DEBORAH R.S.
STREET ADDRESS 3501 SW 116TH AVE.
CITY-ST-ZIP DAVIE FL

TITLE PD ☐ DELETE
NAME MOODY, STEVE E.
STREET ADDRESS 1333 S. UNIV. DR. #201
CITY-ST-ZIP PLANTATION FL 33324

TITLE VPD ☐ DELETE
NAME MOODY, STEVE E.
STREET ADDRESS 1930 S.W. 58 AVE.
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE
NAME STEVE E. MOODY
STREET ADDRESS 1333 S. UNIV. DR. #201
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS D
CITY-ST-ZIP D

TITLE ☐ DELETE
NAME MOODY, DEBORAH R.S.
STREET ADDRESS 3501 SW 116TH AVE.
CITY-ST-ZIP DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 02/28/1983 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 65-0026984
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)