

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

**FILED  
Feb 19, 2004  
Secretary of State**

DOCUMENT# 767188

Entity Name: WEST BROWARD SKI & TRAVEL CLUB, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0026984      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOODY, DEBORAH R.S.,  
Address: 3501 SW 116TH AVE.  
City-St-Zip: DAVIE, FL

Title: PD ( ) Delete  
Name: MOODY, STEVE E,  
Address: 1333 S.UNIV.DR.,#201  
City-St-Zip: PLANTATION, FL

Title: VPD ( ) Delete  
Name: JONES, KENNETH M  
Address: 1333 S UNIVERSITY DR #201  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE E. MOODY

PRES

02/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date