


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90016 028 \*\*\*\*70.00

<b>DOCUMENT # 768996</b> 1. Entity Name <b>FLORIDA SKI COUNCIL, INC.</b>					
Principal Place of Business <b>1251 MARIOLA CT. CORAL GABLES, FL 33134 US</b>			Mailing Address <b>2951 WESTGATE DR. EUSTIS, FL 32726 US</b>		
2. Principal Place of Business - No P.O. Box # <b>9909 WOODBAY DR</b>		3. Mailing Address <b>9909 WOODBAY DR.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>59-2297453</b>	
Zip <b>33626</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33626</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NICHOLAS, JAMES M. 1790 HWY A1A SUITE 202 SATELITE BEACH, FL 32937</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPP KENDALL, ROBERT <input checked="" type="checkbox"/> Delete 5061 RUGBY DRIVE PORT SAINT LUCIE, FL 34983				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS QUENZLER, CLAIR <input type="checkbox"/> Delete 5229 SHADOWLAWN DRIVE SARASOTA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPM SIEGEL, RONALD <input checked="" type="checkbox"/> Delete 12205 90TH AVE SEMINOLE, FL 33772				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT PEAVY, DIANE <input type="checkbox"/> Delete 9700 SHADOW WOOD DR PENSACOLA, FL 32514				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSKOWITZ, MICHELLE <input type="checkbox"/> Delete 1251 MARIOLA COURT CORAL GABLES, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VEST, LAURIE <input type="checkbox"/> Delete 2951 WESTGATE DR EUSTIS, FL 32726				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOUMNE, TOUFIC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9909 WOODBAY DR. TAMPA, FL 33626				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPM QUENZLER, CLAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 104 Riverside DR #401 COCOA, FL 32922				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALKER, LINDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 133 BEACHSIDE DR. Ponte Vedra Beach, FL 32082				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEAVY, DIANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4096 CROSSINGS LANE BIRMINGHAM, AL 35242				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPP MOSKOWITZ, Michelle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT VEST, LAURIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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.					
<b>SIGNATURE: <u>Toufic Moumne</u> TOUFIC MOUMNE 7/22/08 813-545-3369</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					