

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90158 010 ***150.00

DOCUMENT # F00000003443

1. Entity Name

INTRAWEST HOSPITALITY MANAGEMENT, INC.



Principal Place of Business

221 CORPORATE CIRCLE, STE Q
GOLDEN CO 80401

Mailing Address

221 CORPORATE CIRCLE, STE Q
GOLDEN CO 80401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

84-1496496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME CURRIE, JOHN E
STREET ADDRESS 200 BURRARD STREET, SUITE 800
CITY-ST-ZIP VANCOUVER, BC, CANADA

TITLE P ☐ Change ☒ Addition
NAME Daniel O. Jarvis
STREET ADDRESS 200 Burrard St, Ste. 800
CITY-ST-ZIP Vancouver, BC Canada

TITLE PD ☒ Delete
NAME RAYMOND, GARY L
STREET ADDRESS #900-999 WEST HASTINGS ST.
CITY-ST-ZIP VANCOUVER, BC, CANADA V6C -ZWZ

TITLE VP ☐ Change ☒ Addition
NAME David W. Barry
STREET ADDRESS 221 Corporate Circle, Ste. Q
CITY-ST-ZIP Golden, CO 80401

TITLE V ☒ Delete
NAME SMYTHE, HUGH R
STREET ADDRESS 4545 BLACKCOMB WAY
CITY-ST-ZIP WHISTLER, BC, CANADA VON -1B4

TITLE VP ☐ Change ☒ Addition
NAME Bruce Pihet
STREET ADDRESS 14646 N. Kierland Blvd. Ste. 210
CITY-ST-ZIP Scottsdale, AZ 85254

TITLE VD ☒ Delete
NAME HARTVIGSEN, DAVID M
STREET ADDRESS 221 CORPORATE CIRCLE, SUITE Q
CITY-ST-ZIP GOLDEN CO 80401

TITLE Corp. Secy. ☐ Change ☒ Addition
NAME Ross J. McEachern
STREET ADDRESS 200 Burrard St, Ste. 800
CITY-ST-ZIP Vancouver, BC Canada

TITLE D ☐ Delete
NAME RICE, STEPHEN K
STREET ADDRESS 1 SNOWSHOE DRIVE
CITY-ST-ZIP SNOWSHOE WV 26209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME STIPEC, JEFF J
STREET ADDRESS 14646 N. KIERLAND BLVD., STE. 210
CITY-ST-ZIP SCOTTSDALE AZ 85254

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #