

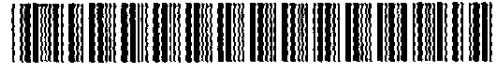
**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007049 1. Entity Name SUNSET LAKES SKI CLUB, INC.	
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Principal Place of Business 20225 COUNTY RD 33 GROVELAND, FL 34736	Mailing Address P.O. BOX 331 OKAHUMPKA, FL 34762
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3681580	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent TRAVERS, CHRISTOPHER W 7218 CR 48 YALAH, FL 34797

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IN THIS SPACE**

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 _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	2/27/06
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVERS, JOHN W P.O. BOX 331 OKAHUMPKA, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVERS, LELANI G P.O. BOX 331 OKAHUMPKA, FL 347621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVERS, CHRISTOPHER W 20225 CR 33 GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

**100000045-1612
03/15/06-80022-016 70.00**

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.

SIGNATURE: <u>Lelani G Travers</u> LELANI G TRAVERS 02/27/06	352-429-90
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #