

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90044 006 \*\*\*\*70.00

**DOCUMENT # N00000007049**

1. Entity Name  
**SUNSET LAKES SKI CLUB, INC.**



Principal Place of Business  
**20225 COUNTY RD 33  
GROVELAND, FL 34736**

Mailing Address  
**P.O. BOX 331  
OKAHUMPKA, FL 34762**

**50002284**



03122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3681580</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TRAVERS, CHRISTOPHER W  
7218 CR 48  
YALAHUA, FL 34797**

**DO NOT WRITE  
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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TRAVERS, JOHN W
STREET ADDRESS	P.O. BOX 331
CITY-ST-ZIP	OKAHUMPKA, FL 34761

TITLE	D
NAME	TRAVERS, LELANI G
STREET ADDRESS	P.O. BOX 331
CITY-ST-ZIP	OKAHUMPKA, FL 347621

TITLE	D
NAME	TRAVERS, CHRISTOPHER W
STREET ADDRESS	20225 CR 33
CITY-ST-ZIP	GROVELAND, FL 34736

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/08 352-424-9028**

Date

Daytime Phone #