

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01475** (5)

1. Corporation Name

LAKE PADGETT SKI CLUB, INC.



Principal Place of Business

**P.O. BOX 1866
LAND O' LAKES FL 34639**

Mailing Address

**P.O. BOX 1866
LAND O' LAKES FL 34639**

3. Date Incorporated or Qualified
02/16/1984

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, VICTORIA
3821 LAKE PADGETT DRIVE
LAND O' LAKES FL 34639**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **GIRK, CHARLES**
STREET ADDRESS **3643 ELK GROVE CT.**
CITY-ST-ZIP **LAND O' LAKES FL**

1.1 TITLE **President / PD** ☒ Change ☐ Addition
1.2 NAME **Anita Krofssik**
1.3 STREET ADDRESS **3019 Gulfwind Dr**
1.4 CITY-ST-ZIP **Land O' Lakes, FL 34639**

TITLE **VPD** ☒ DELETE
NAME **CAMPBELL, MALCOLM**
STREET ADDRESS **4196 LOURY DR**
CITY-ST-ZIP **ZEPHYRHILLS FL**

2.1 TITLE **Vice President / VPD** ☒ Change ☐ Addition
2.2 NAME **Hal Elgin**
2.3 STREET ADDRESS **6639 Emerson Ave. South**
2.4 CITY-ST-ZIP **St Peterburg, FL 33707**

TITLE **TD** ☒ DELETE
NAME **DUNLEAVY, LARRY**
STREET ADDRESS **3275 LAKE PADGETT DR**
CITY-ST-ZIP **LAND O' LAKES FL**

3.1 TITLE **Treasurer / TD** ☒ Change ☐ Addition
3.2 NAME **Malcolm Campbell**
3.3 STREET ADDRESS **4196 Loury Dr**
3.4 CITY-ST-ZIP **Zephyrhills, FL 33543**

TITLE **RS** ☒ DELETE
NAME **MORRISON, STEVE**
STREET ADDRESS **3179 LAKE SAXON DR**
CITY-ST-ZIP **LAND O LAKES FL**

4.1 TITLE **Recording Secretary** ☒ Change ☐ Addition
4.2 NAME **Mark McDaniel**
4.3 STREET ADDRESS **22166 Weeks Blvd**
4.4 CITY-ST-ZIP **Land O' Lakes, FL 34639**

TITLE **CS** ☒ DELETE
NAME **MCDANIEL, MARK**
STREET ADDRESS **22166 WEEKS BLVD**
CITY-ST-ZIP **LAND O' LAKES FL**

5.1 TITLE **Corresponding Secretary** ☒ Change ☐ Addition
5.2 NAME **Nancy Delgatto**
5.3 STREET ADDRESS **3206 Tara Grove Drive**
5.4 CITY-ST-ZIP **Tampa, FL 33618**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **700001798251** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Malcolm A. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96
Date

813 782-0018
Daytime Phone

CR2E037 (12/95)