

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 34639-1866



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/16/1984</b>	3a. Date of Last Report <b>04/27/1986</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	1.1 TITLE	PD
NAME	KROFSSIK, ANITA	1.2 NAME	Jim Kranendonk
STREET ADDRESS	3017 GULFWIND DR	1.3 STREET ADDRESS	3180 Lake Saxon Drive
CITY - ST - ZIP	LAND O' LAKES FL 34639	1.4 CITY - ST - ZIP	Land O' Lakes FL 34639
TITLE	VD	2.1 TITLE	VD
NAME	ELGIN, HAL	2.2 NAME	Charles Girk
STREET ADDRESS	6639 EMERSON AVE S	2.3 STREET ADDRESS	3720 Swans Landing
CITY - ST - ZIP	ST PETERSBURG FL 33707	2.4 CITY - ST - ZIP	Land O' Lakes FL 34639
TITLE	TD	3.1 TITLE	
NAME	CAMPBELL, MALCOLM	3.2 NAME	
STREET ADDRESS	4196 LOURY DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL 33543	3.4 CITY - ST - ZIP	
TITLE	RS	4.1 TITLE	
NAME	MCDANIEL, MARK	4.2 NAME	
STREET ADDRESS	22166 WEEKS BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAND O LAKES FL 34639	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	
NAME	DELGATTO, NANCY	5.2 NAME	
STREET ADDRESS	3206 TARA GROVE DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33618	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Malcom G. Campbell** *Malcom G. Campbell* 3/6/97 (813) 782-0018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067886

CR2E037 (9/96)