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FILED  
Apr 08 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 Mailing Address  
**P.O. BOX 1886** **P.O. BOX 1886**  
**LAND O'LAKES FL 34639** **LAND O'LAKES FL 34639**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified

02/16/1984

4. FEI Number Applied For  
**NOT APPLICABLE** 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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 **ANDREW D. OLSON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3218 LAKE SAXON DR.**  
83  
84 City **LAND O'LAKES** FL 85 Zip Code **34639**

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 Andrew D. Olson  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KRANENDONK, JIM	
STREET ADDRESS	3180 LAKE SAXON DR	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GIRK, CHARLES	
STREET ADDRESS	3720 SWANS LANDING	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, MALCOLM	
STREET ADDRESS	4196 LOURY DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DELGATTO, NANCY	
STREET ADDRESS	3206 TARA GROVE DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OLSON, ANDREW	
1.3 STREET ADDRESS	3218 LAKE SAXON DR	
1.4 CITY-ST-ZIP	LAND O'LAKES FL 34639	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Andrew D. Olson

1/20/98

(813) 996-6080

CR2E037 (10/97)