2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002080

FILED Jul 05, 2005 Secretary of State

Entity Name: INTRAWEST RESORT OWNERSHIP CONDOMINIUMS AT SANDESTIN ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8626 BAYTOWNS AVENUE WEST DESTIN, FL 325507889 US **Current Mailing Address: New Mailing Address:** 8626 BAYTOWNS AVENUE WEST 375 WATER STREET DESTIN, FL 325507889 US SUITE 326 ATTN: S.KUYPERS VANCOUVER, CANADA, BC V6B5C6 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 323010000 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ZIMMER, RONALD T Name: Name: 8626 BAYTOWNS AVENUE WEST Address: Address: City-St-Zip: DESTIN, FL 325507889 US City-St-Zip: Title: VSD () Delete Title: () Change () Addition Name: JACKSON, BARBARA Name: Address: 8626 BAYTOWNS AVENUE WEST Address: City-St-Zip: DESTIN, FL 325507889 US City-St-Zip: Title: () Delete Title: () Change () Addition REGELOUS, DOUGLAS Name: Name: 8626 BAYTOWNS AVENUE WEST Address: Address: City-St-Zip: DESTIN. FL 325507889 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD ZIMMER PD 07/05/2005