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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02475

1. Corporation Name
JACKSONVILLE SKI CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 875 JACKSONVILLE FL 32201	P.O. BOX 875 JACKSONVILLE FL 32201

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 04/11/1984

4. FEI Number: 59-3308912 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GREENE, AUDREY
4450 GODDBYS HIDEAWAY DRIVE NORTH
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

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 Audrey Greene 1-20-99
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	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BALICKI, ELLEN		1.2 NAME		
STREET ADDRESS	9775 CREEKFRONT RD #2204		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PATRICK, STEVE		2.2 NAME		
STREET ADDRESS	10196 PINE BREEZE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	SMITH, RAYMOND H		3.2 NAME		
STREET ADDRESS	5666 FLAGSTAFF ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	SECD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FOSTER, LISA		4.2 NAME		
STREET ADDRESS	PO BOX 262 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, STEVE		5.2 NAME		
STREET ADDRESS	140 SAND CASTLE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BCH FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, AUDREY		6.2 NAME		
STREET ADDRESS	4450 GOODBYS HIDEAWAY DRIVE NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32217		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Audrey Greene SIGNATURE REQUIRED Audrey Greene 1-20-99 904-448-6989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #