2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# N06000002702

Entity Name: ULTIMATE SKI LAKE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

5180 HARBORAGE DR
FT MYERS, FL 33908

New Principal Place of Business:

20600 SLALOM COURSE CT
ESTERO, FL 33928

Current Mailing Address:

5180 HARBORAGE DR
FT MYERS, FL 33908

New Mailing Address:

20600 SLALOM COURSE CT
ESTERO, FL 33928

FEI Number: 03-0586312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, GARY K ESQ.
5801 PELICAN BAY BLVD STE 300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

Title: DPST ( ) Delete
Name: MCBRIDE, RUTHANN
Address: 5180 HARBORAGE DR
City-St-Zip: FT MYERS, FL 33908

Title: D ( ) Delete
Name: WHITE, TOM
Address: 17340 CARNEGIE CIR #103 B
City-St-Zip: FT MYERS, FL 33912

Title: D ( ) Delete
Name: ROSKUSKIE, JOE
Address: 26876 MCLAUGHLIN BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: MCBRIDE, RUTHANN
Address: 20600 SLALOM COURSE CT
City-St-Zip: ESTERO, FL 33928

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RUTHANN MCBRIDE MS 02/14/2008

Electronic Signature of Signing Officer or Director — Date