

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35111

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SPACE COAST SKI CLUB, INC.

## Current Principal Place of Business:

104 RIVERSIDE DR.  
401  
COCOA, FL 32922 US

## New Principal Place of Business:

## Current Mailing Address:

104 RIVERSIDE DR  
401  
COCOA, FL 32922 US

## New Mailing Address:

FEI Number: 59-2975240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICHOLAS, JAMES M  
1851 A1A  
4303  
INDIAN HARBOR BEACH, FL 32937 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: PRES ( ) Delete  
Name: CONSTANTINO, CARLA  
Address: 4173 DEERWOOD TRAIL  
City-St-Zip: MELBOURNE, FL 32934

Title: T ( ) Delete  
Name: QUENZLER, LAIRD  
Address: 104 RIVERSIDE DR #401  
City-St-Zip: COCOA, FL 32922

Title: PP ( ) Delete  
Name: QUENZLER, CLAIR N  
Address: 104 RIVERSIDE DR. #401  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete  
Name: LLOYD, LEWIS  
Address: 675 AZALEA AVE.  
City-St-Zip: MERRITT ISLAND, FL 32952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LAIRD QUENZLER

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date