

# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90030 045 \*\*\*\*61.25

**DOCUMENT # N41791**

1. Entity Name  
**GOLD COAST SNOW SKIERS, INC.**



Principal Place of Business  
**2445 N 37TH AVE  
HOLLYWOOD, FL 33021 US**

Mailing Address  
**GOLD COAST SNOW SKIERS  
PO BOX 10961  
POMPANO BEACH, FL 33061**

2. Principal Place of Business  
**1225 SE 12<sup>th</sup> AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**DEERFIELD BEACH**  
Zip  
**33441** Country  
**U-S-A**

City & State  
Zip Country

03032004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0246647**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RESMINI, KEN  
2445 N 37TH AVE  
HOLLYWOOD, FL 33021**

**7. Name and Address of New Registered Agent**

Name **MCCLAVE, THOMAS P**  
Street Address (P.O. Box Number is Not Acceptable)  
**1225 SE 12<sup>th</sup> AVENUE**  
City **DEERFIELD BEACH** FL Zip Code **33441**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas P McClave* **THOMAS P MCCLAVE** **03/03/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☒ Delete  
NAME **BEAN, LANA**  
STREET ADDRESS **10761 NW 5TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33324**

TITLE **T** ☒ Delete  
NAME **RESMINI, KEN**  
STREET ADDRESS **2445 N 37TH AVE**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **D** ☐ Delete  
NAME **TRIMACCO, TONY**  
STREET ADDRESS **2113 N.E. 63 ST**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **D** ☐ Change ☒ Addition  
NAME **EICH, DAVID**  
STREET ADDRESS **739 MIDDLE RIVER DR.**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

TITLE **T** ☐ Change ☒ Addition  
NAME **MCCLAVE, THOMAS P**  
STREET ADDRESS **1225 SE 12 AVENUE**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas P McClave* **THOMAS P MCCLAVE** **03/03/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #