

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90041 017 \*\*\*\*61.25

**DOCUMENT # N41791**

1. Entity Name

GOLD COAST SNOW SKIERS, INC.



Principal Place of Business

529 DEER CREEK RUN  
DEERFIELD BEACH FL 33442  
US

Mailing Address

GOLD COAST SNOW SKIERS  
PO BOX 10961  
POMPANO BEACH FL 33061



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

TRIMACCO, TONY  
529 DEER CREEK RUN  
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 P ☐ Delete  
NAME SCOTT, JILL  
STREET ADDRESS 531 N. OCEAN BLVD., #1407  
CITY ST/ZIP POMPANO BEACH FL 33062

TITLE T ☐ Delete  
NAME TRIMACCO, TONY  
STREET ADDRESS 529 DEER CREEK RUN  
CITY ST/ZIP DEERFIELD BEACH FL 33442

TITLE D ☐ Delete  
NAME TRIMACCO, DOT  
STREET ADDRESS 529 DEER CREEK RUN  
CITY ST/ZIP DEERFIELD BEACH FL 33442

TITLE S ☐ Delete  
NAME PETRELLA, PHYLLIS  
STREET ADDRESS 10001 NW 83 ST. APT. #1  
CITY ST/ZIP TAMARAC FL 33321

TITLE D ☒ Delete  
NAME EICH, DAVID  
STREET ADDRESS 739 MIDDLE RIVER DR.  
CITY ST/ZIP FT. LAUDERDALE FL 33304

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST/ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME SCOTT, JILL  
STREET ADDRESS 531 N. OCEAN BLVD #1407  
CITY ST/ZIP POMPANO BEACH, FL 33062

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

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME ARTHUR MOSHER  
STREET ADDRESS 1618 BLUE JAY CIRCLE  
CITY ST/ZIP WESTON, FL 33327

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Tony Trimacco*

2-15-07

954-427-7878