

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41791

FILED  
May 29, 2008  
Secretary of State

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

**Current Principal Place of Business:**

529 DEER CREEK RUN  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0246647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TRIMACCO, TONY  
529 DEER CREEK RUN  
DEERFIELD BEACH, FL 33442 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: P ( ) Delete  
Name: SCOTT, JILL  
Address: 531 N. OCEAN BLVD., #1407  
City-St-Zip: POMPANO BEACH, FL 33062

Title: T ( ) Delete  
Name: TRIMACCO, TONY  
Address: 529 DEER CREEK RUN  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete  
Name: TRIMACCO, DOT  
Address: 529 DEER CREEK RUN  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S ( ) Delete  
Name: PETRELLA, PHYLLIS  
Address: 10001 NW 83 ST. APT. #1  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: EICH, DAVID  
Address: 739 MIDDLE RIVER DR.  
City-St-Zip: FT. LAUDERDALE, FL 33304

**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:

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: TONY TRIMACCO

T

05/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date