

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41791

FILED
Apr 29, 2009
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 ()

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:

CHERUP, MICHAEL
680 W PALM AIRE DR.
POMPANO BEACH, FL 33069 US

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: MICHAEL CHERUP

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCOTT, JILL
Address: 531 N. OCEAN BLVD., #1407
City-St-Zip: POMPANNO 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: T (X) Change () Addition
Name: CHERUP, MICHAEL
Address: 680 W PALM AIRE DR.
City-St-Zip: POMPANNO BEACH, FL 33069

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: MICHAEL CHERUP

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04/29/2009

Electronic Signature of Signing Officer or Director

Date