

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44472 (1)
1. Corporation Name
SHORTLINE LAKE SKI CLUB, INC.



Principal Place of Business Mailing Address
450 SUGAR DR. SANTA ROSA BEACH FL 32549 **450 SUGAR DR. SANTA ROSA BEACH FL 32549**

3. Date Incorporated or Qualified **07/25/1991** 3a. Date of Last Report **12/26/1995**
4. FEI Number **41-8924877** Applied For / Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BAUMAN, STEVE
25 WALTER MARTIN ROAD
FT. WALTON BEACH FL 32549

10. Name and Address of New Registered Agent
81 Name **JAMIE M. McWilliams**
82 Street Address (P.O. Box Number is Not Acceptable) **450 Sugar Dr.**
83
84 City **Santa Rosa Beach** FL 85 Zip Code **32459**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Jamie M. McWilliams* **JAMIE M. McWilliams** **2/14/96** DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MC WILLIAMS, E. ALLEN |
| STREET ADDRESS | 450 SUGAR DR. |
| CITY-ST-ZIP | SANTA ROSA BEACH FL 32549 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MC WILLIAMS JAMIE |
| STREET ADDRESS | 450 SUGAR DR. |
| CITY-ST-ZIP | SANTA ROSA BEACH FL 32549 |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | GLOVES, RHETT |
| STREET ADDRESS | 734 SLALOM WAY |
| CITY-ST-ZIP | SANTA ROSA BEACH FL 32547 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | P E A. McWilliams |
| 3.3 STREET ADDRESS | 861 Slalom Way |
| 3.4 CITY-ST-ZIP | Santa Rosa Beach, FL. 32459 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

800001768858
-04/04/96--01013--016 Change Addition
*****\$1.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jamie M. McWilliams* **JAMIE M. McWilliams** **2/14/96** ⁹⁰⁴ **267-3671** DATE Daytime Phone #
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)