

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

**32549**

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

**JAMIE M. McWilliams**

**2/14/96**

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

**MC WILLIAMS, E. ALLEN**

STREET ADDRESS

**450 SUGAR DR.**

CITY - ST - ZIP

**SANTA ROSA BEACH FL 32549**

TITLE

D

☐ DELETE

NAME

**MC WILLIAMS JAMIE**

STREET ADDRESS

**450 SUGAR DR.**

CITY - ST - ZIP

**SANTA ROSA BEACH FL 32549**

TITLE

D

☒ DELETE

NAME

**GLOVES, RHETT**

STREET ADDRESS

**734 SLALOM WAY**

CITY - ST - ZIP

**SANTA ROSA BEACH FL 32547**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**P. A. McWilliams**

**861 Slalom Way**

**Santa Rosa Beach, FL 32459**

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**800001760858**

**-04/04/96--01013--016**

**\*\*\*\$1.25**

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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**

Date

**2/14/96**

Daytime Phone

**267-3671**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)