

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44472**

1. Corporation Name

SHORTLINE LAKE SKI CLUB, INC.

Principal Place of Business

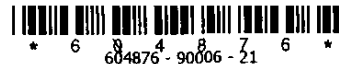
**450 SUGAR DR.
SANTA ROSA BEACH FL 32549**

Mailing Address

**PO BOX 1032
LEEDS AL 35094
US**

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 021 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 **P.O. Box 1030**

27 Suite, Apt. #, etc.
28 **Leeds, AL**

29 Zip **35094** **30** Country **US**

3. Date Incorporated or Qualified

07/25/1991

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

9. Name and Address of Current Registered Agent

**MCWILLIAMS, JAMIE M
450 SUGAR DR.
SANTA ROSA BEACH FL 32549**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 *[Signature]*
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/25/99

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 **MCWILLIAMS, E.A.**
STREET ADDRESS **861 SLALOM WAY**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32549**

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE *[Signature]* **REJAMIER MCWILLIAMS** **7/25/99** **205 702-4350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0019307

CR2E037 (5/99)