FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005229 (0)**

1. Corporation Name
TAMPA BAY ALPINE SKI CLUB, INC.

Principal Place of Business	Mailing Address
3314 HENDERSON BLVD. STE. 205 TAMPA FL 33609	PO BOX 2438 STE. 205 TASMPA FL 33601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/11/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~APPLIED FOR~~ N/A ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 NO STE NUMBER	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28 TAMPA	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SINGLETON, MARCY R CPA 3314 HENDERSON BLVD. STE. 205 TAMPA FL 33609	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RAO, DIANE	1.2 NAME	Duckstein, Wayne	
STREET ADDRESS	4317 OAKHURST TERRACE	1.3 STREET ADDRESS	6005 Adagio Lane	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DUCKSTEIN, WAYNE	2.2 NAME	Lingle, Shawn	
STREET ADDRESS	6005 ADAGIO LANE	2.3 STREET ADDRESS	404 S Albany Ave	
CITY-ST-ZIP	APOLLO BEACH FL	2.4 CITY-ST-ZIP	Tampa, FL 33606	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MEINIG, MARDI	3.2 NAME	Fallen, Janet	
STREET ADDRESS	12110 LAKE CARROLL DRIVE	3.3 STREET ADDRESS	1002 Centerbrook Dr	
CITY-ST-ZIP	TAMPA FL 33618	3.4 CITY-ST-ZIP	Brandon FL 33511	
TITLE	DS	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	SMITH, LYNN	4.2 NAME	Meinig, Mardi	
STREET ADDRESS	1104 SAMY DRIVE	4.3 STREET ADDRESS	12110 Lake Carroll Dr	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa FL 33618	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Janet Fallen Janet Fallen 5/10/95 (813) 685-3549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083248