

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

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90004 025 ****61.25

DOCUMENT # N93000005229 ✓

1. Corporation Name

TAMPA BAY ALPINE SKI CLUB, INC.

Principal Place of Business

208 S. MACDILL AVE.
STE. B
TAMPA FL 33609

Mailing Address

PO BOX 2438
STE. 205
TASMPA FL 33601
US



2. Principal Place of Business

21 7015 ARMENIA AVE N.

Suite, Apt. #, etc.

22

City & State

23 TAMPA FLORIDA

Zip

24 33604

Country

25 USA

2a. Mailing Address

26 P.O. Box 25144

Suite, Apt. #, etc.

27

City & State

28 TAMPA FLORIDA

Zip

29 33622-5144

Country

30 USA

3. Date Incorporated or Qualified

11/11/1993

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

SINGLETON, MARCY R CPA
208 S. MACDILL AVE.
STE. B
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 BAY AREA ACCOUNTING - PHILLIP REID CPA
82 Street Address (P.O. Box Number is Not Acceptable)
7015 ARMENIA AVE N.
83
84 City
TAMPA
85 FL
86 Zip Code
33604

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

PHILLIP A. REID, CPA

(NOTE: Registered Agent signature required when reinstating)

9/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FORETICH, BETTY K
2116 TARPON LANDING DR
TARPON SPRINGS FL 34689

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BROWN, HARRY
4021 PRIORY CIR.
TAMPA FL 33624

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
NELSON, BARBARA
4009 PRIORY CIRCLE
TAMPA FL 33624

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:

PHILLIP A. REID, CPA

9-1-99 (813) 961-0687

Date

Daytime Phone #

CR2E037 (5/99)