

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005229

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: TAMPA BAY ALPINE SKI CLUB, INC.

## Current Principal Place of Business:

7015 ARMENIA AVE N  
TAMPA, FL 33604 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 25144  
TAMPA, FL 336225144 US

## New Mailing Address:

FEI Number: 59-1710097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAY AREA ACCOUNTING-PHILLIP REID CPA  
7015 ARMENIA AVE N  
TAMPA, FL 33604

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, JAMES  
Address: 1104 SAMY DR  
City-St-Zip: TAMPA, FL 33613

Title: VPD ( ) Delete  
Name: MCPHILLIPS, BILLY  
Address: 316 N INVERNESS  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: T ( ) Delete  
Name: HARL, TERRY  
Address: 4416 W IDLEWILD  
City-St-Zip: TAMPA, FL 33614

Title: SD ( ) Delete  
Name: MASON, BRIAN  
Address: 18005 CLEARLAKE DR  
City-St-Zip: LUTZ, FL 33548

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: MOUMNE, TOUFIC  
Address: 9909 WOODBAY DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY HARL

TD

04/27/2004

Electronic Signature of Signing Officer or Director

Date