2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006
Secretary of State

DOCUMENT# N93000005229

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:

14805 N. FLORIDA AVE
SUITE A
TAMPA, FL 33613 US

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BAY AREA ACCOUNTING-PHILLIP REID CPA
14805 N FLORIDA AVE
SUITE B
TAMPA, FL 33613 US

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: _____ 06/06/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOUMNE, TOUFIC
Address: 9909 WOODBAY DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VPD ( ) Delete
Name: HOUSEWRIGHT, PATTIE
Address: 10008 BENTLEY WAY
City-St-Zip: TAMPA, FL 33626

Title: T ( ) Delete
Name: NELSON, BARBARA
Address: 4009 PRIORY CIRCLE
City-St-Zip: TAMPA, FL 33618

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOUSEWRIGHT, PATTIE
Address: 10008 BENTLEY WAY
City-St-Zip: TAMPA, FL 33626

Title: VPD (X) Change ( ) Addition
Name: HANDLEY, BILL
Address: 8914 EAGLE WATCH DRIVE
City-St-Zip: RIVERVIEW, FL 33569

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

Title: SD (X) Change ( ) Addition
Name: SMITH, LYNN
Address: 1104 SAMYY DRIVE
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LYNN SMITH SD 06/06/2006
Electronic Signature of Signing Officer or Director — Date