

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005229

FILED
May 14, 2008
Secretary of State

Entity Name: TAMPA BAY ALPINE SKI CLUB, INC.

Current Principal Place of Business:

14805 N. FLORIDA AVE
SUITE A
TAMPA, FL 33613 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 ()
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:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VPD () Delete
Name: REED, PHIL
Address: 3315 W DELEON ST #13
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: ALLEN, CRAIG
Address: 11360 8TH E
City-St-Zip: TREASURE ISLAND, FL 33706

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REED, PHIL
Address: 3315 W DELEON ST #13
City-St-Zip: TAMPA, FL 33609

Title: VPD (X) Change () Addition
Name: JACKSON, ALAN
Address: 8341 LIMAN DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD (X) Change () Addition
Name: ALLEN, CRAIG
Address: 11360 8TH E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD (X) Change () Addition
Name: BAYLISS, JOE
Address: 425 18TH AVE. NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: DIR () Change (X) Addition
Name: SMITH, LYNN
Address: 1104 SAMY DR.
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify 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

DIR

05/14/2008

Electronic Signature of Signing Officer or Director

Date