

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90230 034 ****61.25

0058130

DOCUMENT # N94000004010

1. Corporation Name

BLUE LAKE SKI CLUB, INC.

Principal Place of Business

3351 HARBOR BEACH DR.
LAKE WALES FL 33853

Mailing Address

3371 HARBOR BEACH DR
LAKE WALES FL 33853
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/15/1994

4. FEI Number

59-3262612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MYERS, CORNELIUS B III
130 E. CENTRAL AVE.
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

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 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MORGAN, JAMES D
STREET ADDRESS 3351 HARBOR BEACH DR.
CITY-ST-ZIP LAKE WALES FL
☐ DELETE

TITLE VD
NAME HUSTON, TIM
STREET ADDRESS 1655 U.S. HWY. 27 NORTH
CITY-ST-ZIP LAKE WALES FL 33853
☐ DELETE

TITLE D
NAME KENNEDY, TOM
STREET ADDRESS 690 ARTIE LN
CITY-ST-ZIP LAKE WALES FL 33853
☐ DELETE

TITLE D
NAME BOSSARTE, LAWRENCE A
STREET ADDRESS 3371 HARBOR BEACH DR.
CITY-ST-ZIP LAKE WALES FL 33853
☐ DELETE

TITLE D
NAME WEIKERT, ROBERT
STREET ADDRESS 3471 HARBOR BEACH DR.
CITY-ST-ZIP LAKE WALES FL 33853
☐ DELETE

TITLE STD
NAME BOSSARTE, CHERYL
STREET ADDRESS 3371 HARBOR BCH DR
CITY-ST-ZIP LAKE WALES FL 33853
☐ DELETE

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:

Cheryl Bossarte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-199

Date

941-638-3276

Daytime Phone #

CR2E037 (11/98)