

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003975 (8)

1. Corporation Name

THE ISLES OF LAKE HANCOCK SKI CLUB, INC.

Principal Place of Business

369 N. NEW YORK AVE., SUITE 300
WINTER PARK FL 32789

Mailing Address

369 N. NEW YORK AVE., SUITE 300
WINTER PARK FL 32789



3. Date Incorporated or Qualified
08/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, SCOTT D
369 N. NEW YORK AVE., SUITE 300
WINTER PARK FL 32789

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLEN, DONALD R JR.	
STREET ADDRESS	3670 MAGUIRE BLVD., SUITE 105	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MADDEN, CHARLES M	
STREET ADDRESS	3670 MAGUIRE BLVD., SUITE 105	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NEILL, EDWARD C	
STREET ADDRESS	3670 MAGUIRE BLVD., SUITE 105	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	V/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1420 E. Robinson St.	
1.4 CITY-ST-ZIP	Orlando, FL 32801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2965 Tate Blvd., SE.	
3.4 CITY-ST-ZIP	Hickory, NC 28601	
4.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Allen, Patricia A.	
4.3 STREET ADDRESS	1420 E. Robinson St.	
4.4 CITY-ST-ZIP	Orlando, FL 32801	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Donald R. Allen, Jr. 4/19/96 (407) 898-8440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)