

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Worthington</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000003975 (8)**

1. Corporation Name

**THE ISLES OF LAKE HANCOCK SKI CLUB, INC.**



Principal Place of Business <b>369 N. NEW YORK AVE., SUITE 300 WINTER PARK FL 32789</b>	Mailing Address <b>369 N. NEW YORK AVE., SUITE 300 WINTER PARK FL 32789</b>
--	--

3. Date incorporated or Qualified

**08/18/1995**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business <b>21 P.O. Box 140411</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Orlando FL</b> Zip <b>24 32814</b> Country <b>25</b>	2a. Mailing Address <b>26 P.O. Box 140411</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Orlando FL</b> Zip <b>29 32814</b> Country <b>30</b>
---	--

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>John Kinaman Keating</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>149 N. Garland Ave</b>
83 <b>St 101</b>
84 City <b>Orlando</b>
85 Zip Code <b>FL 32801</b>

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)

**2/25/98**

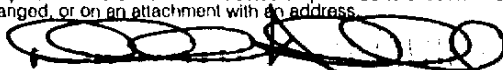
DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>VTSD</b>	
NAME	<b>ALLEN, DONALD R JR.</b>	
STREET ADDRESS	<b>1420 E. ROBINSON ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>PD</b>	
NAME	<b>NEILL, EDWARD C</b>	
STREET ADDRESS	<b>2965 TATE BLVD. SE</b>	
CITY-ST-ZIP	<b>HICKORY NC</b>	
TITLE	<b>D</b>	
NAME	<b>ALLEN, PATRICIA A.</b>	
STREET ADDRESS	<b>1420 E. ROBINSON ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
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.

SIGNATURE:



CR2E037 (10/97)