

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003975

FILED  
Mar 18, 2007  
Secretary of State

**Entity Name:** THE ISLES OF LAKE HANCOCK SKI CLUB, INC.

**Current Principal Place of Business:**

14527 ISLEVIEW DR.  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

14527 ISLEVIEW DR.  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCALPIN, THOMAS M MR  
14527 ISLEVIEW DR.  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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: VTSD ( ) Delete  
Name: LUND, RANDALL MR.  
Address: 14433 ISLEVIEW DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: PD ( ) Delete  
Name: MCALPIN, THOMAS M MR.  
Address: 14527 ISLEVIEW DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: MASTERFIELD, JOHN MR.  
Address: 14417 ISLEVIEW DR.  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LUND, RANDALL MR.  
Address: 14433 ISLEVIEW DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: T (X) Change ( ) Addition  
Name: MCALPIN, THOMAS M MR.  
Address: 14527 ISLEVIEW DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: V (X) Change ( ) Addition  
Name: ATKIN, DOUGLAS MR.  
Address: 14417 ISLEVIEW DR.  
City-St-Zip: WINTER GARDEN, FL 34787

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: THOMAS MCALPIN

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03/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date