

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000002 (3)

1. Corporation Name

SUNCOAST SKI RANCH, INC.

Principal Place of Business

Mailing Address

8113 MISTY OAKS BLVD
SARASOTA FL 34243
US8113 MISTY OAKS BLVD
SARASOTA FL 34243-3111
US3. Date Incorporated or Qualified
12/22/19953a. Date of Last Report
03/04/1996

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

4. FEI Number

65-0633542

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SYPULA, PHILIP J
2070 RINGLING BOULEVARD
SARASOTA FL 34237

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	D	<input type="checkbox"/> DELETE	1.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYPULA, PHILIP J		1.2 NAME	SYPULA, PHILIP J	
STREET ADDRESS	2070 RINGLING BOULEVARD		1.3 STREET ADDRESS	2070 RINGLING BOULEVARD	
CITY - ST - ZIP	SARASOTA FL 34237		1.4 CITY - ST - ZIP	SARASOTA, FL 34237	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLACH, JEFFREY A		2.2 NAME	FLACH, JEFFREY A	
STREET ADDRESS	8113 MISTY OAKS BLVD		2.3 STREET ADDRESS	8113 MISTY OAKS BLVD	
CITY - ST - ZIP	SARASOTA FL 34243		2.4 CITY - ST - ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAXLER, LYN		3.2 NAME	TRAXLER, LYN	
STREET ADDRESS	1600 THOMPSON PARKWAY		3.3 STREET ADDRESS	1600 THOMPSON PARKWAY	
CITY - ST - ZIP	SARASOTA FL 34236		3.4 CITY - ST - ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	SCHWENK, DOUG	
STREET ADDRESS			4.3 STREET ADDRESS	1091 TARA VISTA DRIVE	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	BRUNNER, LARRY	
STREET ADDRESS			5.3 STREET ADDRESS	3553 SAULSTARS COURT	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 10, 1997

(941)

366-7550

CR2E037 (9/96)