NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N9800005082

Corporation Name

EMERALD COAST SKI CLUB, INC.

Principal Place of Business									
39-B JACKSON'S RUN									
SANTA ROSA BEACH FL 32459									

Mailing Address

39-B JACKSON'S RUN SANTA ROSA BEACH FL 32459

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90109 018 \*\*\*\*61.25



2. Principal Pl	lace of Business	2a. Mailing Address	}			3. Date Incorporated or Qualifed		T	
21		26				08/31/1998			
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.			4. FEI Number		App	lied For
22		27				59-353488	39	Not	Applicable
City & State	e	City & State				E. Cartifornia of Status Designed		\$8.75 A	
23		28				5. Certifcate of Status Desired	Ш	Fee Rec	juired
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5.00 h	vlav Be
24	25	29	30			Trust Fund Contribution		Added to	Fees
1	9. Name and Address of Current I		1			10. Name and Address of New	Registered	Agent	
		<del> </del>		81	Name				
MOSES, BOBBI E					0	(D.O. D. M. has is Not Assess	table)		
MOSES, BOBBI E					Street Addres	s (P.O. Box Number is Not Accept	(able)		
39-B JACKSON'S RUN							r		
SANTA ROSA BEACH FL 32459									
				84	City		FL	85 Zip C	ode
		1017 1500 Et : It	Ot-1-4 #			tion and with this statement for the		changing its I	enistered
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Florida, Such change	Statutes, the al	oove-r I by the	named corpor e corporation	ation submits this statement for the 's board of directors. I hereby acce	ept the appoi	ntment as reg	istered
agent. I a	m familiar with, and accept the obligation	ns of, Section 617.050	3, Florida Statu	ıtes.	•	·	•		
SIGNATURE									
	Signature, typed or printed name of registered agent a		(NOTE: Registered	Agent si	ignature required v	when reinstating) ADDITIONS/CHANGES TO O	DATE CEICEDS AN	ID DIRECTOR	26 IN 12
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AN	Change	Addition
TITLE	PD	☐ DELE						Change	- Addition
NAME	MOSES, BOBBI E		1.2 NA	ME					
STREET ADDRESS	39-B JACKSON'S RUN		1.3 ST	REETAL	DDRESS				
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		1.4 CI	TY-ST-Z	ZiP		•		
TITLE	VPD	DELE	TE 2.1 TI	TLE		•		Change	Addition
NAME	KOPEC, THAD L		2.2 NA	ME					
STREET ADDRESS	3585 RIDDICK DRIVE		2.3 ST	REETA	DDRESS				
CITY-ST-ZIP	PENSACOLA FL 32504		2. 4 C	TY-ST-	ZiP				
TITLE	STD	☐ DELE	TE 3.1 π	π£				☐ Change	Addition
NAME	OGLES, LORI E		3.2 NA	ME	•				
STREET ADDRESS	*** ***		3.3 ST	REETAL	DORESS				
	NICEVILLE FL 32578			ITY-ST-	1			•	
CITY-ST-ZIP TITLE	THOU TILLE I E DEDIO	☐ DELE						☐ Change	Addition
NAME			4. 2 N						
					DORESS	•			
STREET ADDRESS									
CITY-ST-ZIP		□ DELE		TY-ST-Z	LIP .			☐ Change	Addition
TITLE			5.1 II						
NAME					DDRESS			٠. ٦	
STREET ADDRESS									
CITY-ST-ZIP				TY-ST-Z	UF -			Change	☐ Addition
TITLE		☐ DELE						Change	AGUIDON
NAME			6.2 NA						
STREET ADDRESS			6.3 ST	REETA	DDRESS				
CITY-ST-ZIP			6.4 CI	TY-ST-Z	ZIP				

4. 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.

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GNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Jan 99 433-0212

CR2E037 (11/98)