

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000079011

1. Entity Name
SKI GP, INC.



Principal Place of Business
4400 PGA BLVD, SUITE 900
PALM BEACH GARDENS, FL 33410

Mailing Address
900 S. FEDERAL HWY
SUITE #321
STUART, FL 34994



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0955169

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERRY, RICHARD G
4400 PGA BLVD, SUITE 900
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000305509

04/14/05-80088-002 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME STETSON, J M
STREET ADDRESS 900 S FEDERAL HWY STE 321
CITY-ST-ZIP STUART, FL 34994

TITLE VS
NAME RICHMAN, GERALD F
STREET ADDRESS 250 AUSTRALIAN AVE S STE 1504
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE V
NAME PEARSON, GEORGIA S
STREET ADDRESS 4111 SAN AMARO DR
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. MICHAEL STETSON

Date

4-11-05 772-286-2440

Daytime Phone #