

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000079016

1. Entity Name
SKII GP, INC.



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

Mailing Address
**900 SE FEDERAL HWY
STE 321
STUART, FL 34994**

DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0955166** 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
STE 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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STETSON, J. MICHAEL 900 S. FEDERAL HWY., STE 321 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RICHMAN, GERALD F 250 AUSTRALIAN AVE. SO., STE 1504 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MERGLER, H. KENT 3980 SE OLD ST. LUCIE BLVD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000119191
04/19/04-80091-002 150.00

**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)(f), 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

President

4/15/04

Date

772.286.2440

Daytime Phone #