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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 706774

1. Corporation Name  
**SKY RANCH APARTMENTS, INC.**

Principal Place of Business SKY RANCH APTS. INC 3424 SE 12TH STREET POMPANO BEACH FL 33062 US	Mailing Address SKY RANCH APTS. INC 3424 SE 12TH ST #A7 POMPANO BEACH FL 33062 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/30/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1102045 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  LEERS, FRED A 3424 SE 12TH ST #C-3 SKY RANCH POMPANO BEACH FL 33062	10. Name and Address of New Registered Agent 81 Name OLIVER P. COOMBS III 82 Street Address (P.O. Box Number is Not Acceptable) 3424 SE 12TH ST. C-4 83 SKY RANCH APTS. 84 City POMPANO BEACH FL 85 Zip Code 33062
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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 *Oliver P. Coombs III* OLIVER P. COOMBS III DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	COOMBS, OLIVER P 3424 SE 12TH ST #C-4 POMPANO BEACH, FL 00000	1.1 TITLE PRESIDENT/PRESR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	LEERS, FRED 3424 S.E. 12TH ST. C-3 POMPANO BEACH FL	1.2 NAME OLIVER P. COOMBS III	
TITLE VD	SNYDER, JOHN W 3424 S.E. 12TH ST. C-2 POMPANO BEACH FL	1.3 STREET ADDRESS 3424 SE 12TH ST C-4	
TITLE D	STRANDBERG, AUGUST 3424 SE 12TH ST F-6 POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP POMPANO BEACH, FLA 33062	
TITLE SD	BALZOLA, MYRIAM 3424 SE 12 ST, D2 POMPANO BCH FL	2.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		2.2 NAME MICHAEL R. BAUER	
TITLE		2.3 STREET ADDRESS 3424 SE 12TH ST A-3	
TITLE		2.4 CITY-ST-ZIP POMPANO BEACH FLA 33062	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE ERILKA PICKETZ (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS 3424 SE 12TH ST E-7	
TITLE		5.4 CITY-ST-ZIP POMPANO BEACH FLA 33062	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *Oliver P. Coombs III* 3-19-99 1-954-786-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)