


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90055 020 \*\*\*\*61.25

**DOCUMENT # 706774**  
 1. Entity Name  
**SKY RANCH APARTMENTS, INC.**



40023707



Principal Place of Business  
**SKY RANCH APTS, INC**  
**3424 SE 12TH STREET**  
**POMPANO BEACH, FL 33062 US**

Mailing Address  
**3424 SE 12TH ST**  
**POMPANO BEACH, FL 33062 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01182007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
~~MILES, JAMES R~~  
~~% CCM, INC.~~  
~~10834 W MONROE ROAD~~  
~~TAMPA, FL 33617~~

7. Name and Address of New Registered Agent  
 Name **Robert Kaye + Associates, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6261 W 6th Way Suite 103**  
 City **Ft. Lauderdale** FL Zip Code **33309**

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 *Robert Kaye* President DATE 2-9-07

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THIELE, KARL	
STREET ADDRESS	3424 SE 12TH ST #E-5	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DZIMINSKI, JOSEPH	
STREET ADDRESS	3424 SE 12TH ST #C-7	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASCALE, MARIO A	
STREET ADDRESS	3424 SE 12 ST F3	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOURY, JOE	
STREET ADDRESS	3424 SE 12TH ST #D1	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PASCALE, MARIO	
STREET ADDRESS	3424 SE 12 ST. F3	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JULIE KRAMER	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE KRAMER	
STREET ADDRESS	3424 SE 12TH ST AG	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: *J Kramer* TREAS DATE 2/23/07 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR