

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 28, 2009
Secretary of State**

DOCUMENT# 706774

Entity Name: SKY RANCH APARTMENTS, INC.

Current Principal Place of Business:

SKY RANCH APTS, INC
3424 SE 12TH STREET
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

3424 SE 12TH ST
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 59-1102045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NW 6TH WAY STE 103
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THIELE, KARL
Address: 3424 SE 12TH ST #E-5
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: WYATT, BOYD
Address: 3424 SE 12TH ST
City-St-Zip: POMPANO BEACH, FL 33062

Title: TD () Delete
Name: KOURY, JOE
Address: 3424 SE 12TH ST #D1
City-St-Zip: POMPANO BEACH, FL 33062

Title: SD () Delete
Name: KRAMER, JULIE
Address: 3424 SE 1252 AG
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH KOURY

VP

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date