


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90285 024 ****61.25

DOCUMENT # 743893

1. Entity Name
TOP OF THE MILE, INC.



Principal Place of Business
**C/O UNITED COMMUNITY MGT. CORP
 3300 UNIVERSITY DRIVE #405
 CORAL SPRINGS, FL 33065**

Mailing Address
**C/O UNITED COMMUNITY MGT. CORP
 3300 UNIVERSITY DRIVE #405
 CORAL SPRINGS, FL 33065**



2. Principal Place of Business
11784 W. Sample Rd

3. Mailing Address
11784 W. Sample Rd

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33065

Country

02162005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1859047

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**UNITED COMMUNITY MANAGEMENT CORP
 3300 UNIVERSITY DRIVE
 CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name **United Community Mgmt Corp.**

Street Address (P.O. Box Number is Not Acceptable)
11784 W. Sample Road

City **Coral Springs** FL Zip Code **33065**

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 **Donna Kottawa United Community Mgmt Corp VP Finance 3/5/05**

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

Filing Fee is \$61.25 Due by May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SKAROFF, FRED 4013 N OCENA BLVD., #104 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEEFE, KENNETH 4013 N OCEAN BLVD #113 LAUD BY THE SEA, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHREIBER, PHYLLIS 4013 OCEAN BLVD. #315 LAUDERDALE BY-SEA, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 empowerment.

SIGNATURE: **Donna Kottawa**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **03/07/05** Daytime Phone # **954771271**