

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northern
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:45

DOCUMENT # 767892 (3)
1. Corporation Name
SKYLINE MANOR CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**4616 SKYLINE BLVD.
CAPE CORAL FL 33914** **4616 SKYLINE BLVD.
CAPE CORAL FL 33914**

3. Date Incorporated or Qualified **04/11/1983** 3a. Date of Last Report **04/13/1994**

4. FEI Number **59-2802656** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 25 29 30

8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOLTIS PATRICIA
4616 SKYLINE BLVD #104
CAPE CORAL FL 33914**

81 Name **Susan M. Kase**
82 Street Address (P.O. Box Number is Not Acceptable) **909 SE 47th Terr., #201**
83
84 City **Cape Coral** FL 85 Zip Code **33904**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Susan M. Kase* DATE **4/5/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD LACEY, BOB 4616 SKYLINE BLVD 207 CAPE CORAL FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SOLL, BILL 4616 SKYLINE BLVD #208 CAPE CORAL FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD SOLTIS, PATRICIA 4616 SKYLINE BLVD #104 CAPE CORAL FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP | VD Carole Wilton 4616 Skyline Blvd. #103 Cape Coral, Fl. 33914 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP | PD Ralph Ziel 4616 Skyline Blvd #105 Cape Coral, Fl. 33914 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP | STD Arlene Maykrantz 4616 Skyline Blvd. #101 Cape Coral, Fl. 33914 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP | |
| 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP | |
| 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this filing, or on an attachment with an address.

SIGNATURE: *Ralph Ziel* **Ralph Ziel, President** 4/5/95 813-542-5255
Signature, typed or printed name of signing officer or director Date