

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767892 (3)**  
1. Corporation Name  
**SKYLINE MANOR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4616 SKYLINE BLVD. CAPE CORAL FL 33914</b>	Mailing Address <b>4616 SKYLINE BLVD. CAPE CORAL FL 33914-6417</b>
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3. Date Incorporated or Qualified <b>04/11/1983</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>59-2802656</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**KASE, SUSAN M.  
909 SE 47 TERR  
#201  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

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 *Susan M Kase* **SUSAN M KASE** **4/23/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILTON, CAROLE</b>	
STREET ADDRESS	<b>4616 SKYLINE BLVD #103</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ZIEL, RALPH</b>	
STREET ADDRESS	<b>4616 SKYLINE BLVD #105</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>MAYKRANTZ, ARLENE</b>	
STREET ADDRESS	<b>4616 SKYLINE BLVD #101</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Bill Soll</b>	
1.3 STREET ADDRESS	<b>4616 Skyline Blvd #208</b>	
1.4 CITY-ST-ZIP	<b>Cape Coral, FL 33914</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Ralph Ziel</b>	
2.3 STREET ADDRESS	<b>4616 Skyline Blvd #105</b>	
2.4 CITY-ST-ZIP	<b>Cape Coral, FL 33914</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, changed, or on an attachment with an address.  
SIGNATURE *Arlene Maykrantz* **ARLENE MAYKRANTZ** **4/23/97** **9411 542-4404**

CR2E037 (9/96)