

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90046 016 ****61.25

DOCUMENT # 767892

1. Entity Name

SKYLINE MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4616 SKYLINE BLVD.
 CAPE CORAL FL 33914

P O BOX 100399
 CAPE CORAL FL 33910
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2802656

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASE, SUSAN M.
909 SE 47 TERR
#201
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STD SOLL, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4616 SKYLINE BLVD #208	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE NAME	PD SOLL, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	4616 SKYLINE BLVD, #208	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE NAME	PD MAYKRANTZ, ARLENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4616 SKYLINE BLVD #101	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE NAME	VD WILTON, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	4616 SKYLINE BLVD, #103	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE NAME	STD MAYRANTZ, ARLENE	<input type="checkbox"/> Delete
STREET ADDRESS	4616 SKYLINE BLVD, #101	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

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 empowered.

SIGNATURE: William Soll *William Soll* April 28-01 548-4404
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)