


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90154 035 \*\*\*\*61.25

<b>DOCUMENT # 767892</b>					
1. Entity Name SKYLINE MANOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4616 SKYLINE BLVD. CAPE CORAL, FL 33914			Mailing Address C/O AMERICAN CONDO MGMT. P.O. BOX 100399 CAPE CORAL, FL 33910 US		
2. Principal Place of Business <i>C/O American Condo Mgmt</i>		3. Mailing Address			
Suite, Apt. #, etc. <i>615 Cape Coral Pkwy W #103</i>		Suite, Apt. #, etc.			
City & State <i>Cape Coral, FL</i>		City & State		02152006 Chg-NP CR2E037 (11/05)	
Zip <i>33914</i>		Country		4. FEI Number 59-2802656	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KASE, SUSAN M. C/O AMERICAN CONDO MGMT 909 SE 47TH TERRACE #105 CAPE CORAL, FL 33904			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>615 Cape Coral Pkwy W #103</i>		
City			City		
FL			Zip Code <i>33914</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLL, BILL		NAME		
STREET ADDRESS	4616 SKYLINE BLVD. #208		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, NICK		NAME	<i>LINDA Hulsing</i>	
STREET ADDRESS	4616 SKYLINE BLVD #207		STREET ADDRESS	<i>120 SE 4th ST</i>	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	<i>CAPE CORAL, FL 33904</i>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREECE, RUDOLPH		NAME		
STREET ADDRESS	1734 ADAMS AVE SE		STREET ADDRESS		
CITY-ST-ZIP	GRAND RAPIDS, MI 49506		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Bill Soll</i>			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					