

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jun 05, 2007  
Secretary of State**

DOCUMENT# 767892

Entity Name: SKYLINE MANOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY WEST SUITE 103  
CAPE CORAL, FL 33914**New Principal Place of Business:**1059 NE PINE ISLAND RD  
STE 2  
CAPE CORAL, FL 33909**Current Mailing Address:**C/O AMERICAN CONDO MGMT.  
P.O. BOX 100399  
CAPE CORAL, FL 33910 US**New Mailing Address:**1059 NE PINE ISLAND RD  
STE 2  
CAPE CORAL, FL 33909 US

FEI Number: 59-2802656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**KASE, SUSAN M.  
615 CAPE CORAL PKWY WEST  
SUITE 103  
CAPE CORAL, FL 33914 US**Name and Address of New Registered Agent:**BARRY, WOODROW  
1059 NE PINE ISLAND RD  
STE 2  
CAPE CORAL, FL 33909 US

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: BARRY WOODROW

06/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: SOLL, BILL  
Address: 4616 SKYLINE BLVD. #208  
City-St-Zip: CAPE CORAL, FL 33914Title: STD ( ) Delete  
Name: HULSING, LINDA  
Address: 120 SE 46TH ST  
City-St-Zip: CAPE CORAL, FL 33904Title: VD ( ) Delete  
Name: TREECE, RUDOLPH  
Address: 1734 ADAMS AVE SE  
City-St-Zip: GRAND RAPIDS, MI 49506**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P D (X) Change ( ) Addition  
Name: TUCKER, KENNETH B JR  
Address: 4616 SKYLINE BLVD. #104  
City-St-Zip: CAPE CORAL, FL 33914Title: SD (X) Change ( ) Addition  
Name: HULSING, LINDA  
Address: 120 SE 46TH ST  
City-St-Zip: CAPE CORAL, FL 33904Title: VTD (X) Change ( ) Addition  
Name: SALMAN, LINDA M  
Address: 4616 SKYLINE BLVD #207  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH TUCKER

P D

06/05/2007

Electronic Signature of Signing Officer or Director

Date