

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767892

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SKYLINE MANOR CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

1059 NE PINE ISLAND RD  
STE 2  
CAPE CORAL, FL 33909

## New Principal Place of Business:

C/O AMERICAN CONDO MGMT, INC.  
615 CAPE CORAL PKWY W, #103  
CAPE CORAL, FL 33910

## Current Mailing Address:

1059 NE PINE ISLAND RD  
STE 2  
CAPE CORAL, FL 33909 US

## New Mailing Address:

C/O AMERICAN CONDO MGMT, INC.  
615 CAPE CORAL PKWY W, #103  
CAPE CORAL, FL 33910

FEI Number: 59-2802656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARRY, WOODROW  
1059 NE PINE ISLAND RD  
STE 2  
CAPE CORAL, FL 33909 US

## Name and Address of New Registered Agent:

KASE, SUSAN  
C/O AMERICAN CONDOMINIUM MGMT INC.  
615 CAPE CORAL PKWY W, #103  
CAPE CORAL, FL 33914 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: SUSAN KASE

04/30/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P D ( ) Delete  
Name: TUCKER, KENNETH B JR  
Address: 4616 SKYLINE BLVD. #104  
City-St-Zip: CAPE CORAL, FL 33914

Title: SD ( ) Delete  
Name: HULSING, LINDA  
Address: 120 SE 46TH ST  
City-St-Zip: CAPE CORAL, FL 33904

Title: VTD ( ) Delete  
Name: SALMAN, LINDA M  
Address: 4616 SKYLINE BLVD #207  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition  
Name: HULZING, LINDA J  
Address: 4616 SKYLINE BLVD. #105  
City-St-Zip: CAPE CORAL, FL 33914

Title: ST (X) Change ( ) Addition  
Name: SALMON, LINDA  
Address: 4616 SKYLINE BLVD, #207  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Change ( ) Addition  
Name: TREECE, RUDOLF  
Address: 4616 SKYLINE BLVD #101  
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: LINDA HULZING

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date