

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# 767892

Entity Name: SKYLINE MANOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

Title: VP () Delete
Name: TREECE, RUDOLF
Address: 4616 SKYLINE BLVD #101
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MCGRATH, DANA
Address: 902 SE 24TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 J HULZING

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date