

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39058

FILED  
Jan 07, 2007  
Secretary of State

**Entity Name:** HOMEOWNERS ASSOCIATION OF SKY LAKE SOUTH UNITS SIX AND SEVEN, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 772243  
ORLANDO, FL 328772243 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 772243  
ORLANDO, FL 328772243 US

**New Mailing Address:**

**FEI Number:** 59-2937141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIRANDA, CHRIS  
2902 WOOLRIDGE DR.  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

MIRANDA, CHRISTINA  
2902 WOOLRIDGE DR.  
ORLANDO, FL 32837 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: CHRISTINA MIRANDA

01/07/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STEVENSON, BOB  
Address: 11104 HAMBLEY AVE.  
City-St-Zip: ORLANDO, FL 32837

Title: STD ( ) Delete  
Name: MIRANDA, CHRIS  
Address: 2902 WOOLRIDGE DR.  
City-St-Zip: ORLANDO, FL 32837

Title: VPD ( ) Delete  
Name: ASHE, KINGA  
Address: 3007 WOODWARD DR.  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: STD (X) Change ( ) Addition  
Name: MIRANDA, CHRISTINA  
Address: 2902 WOOLRIDGE DR.  
City-St-Zip: ORLANDO, FL 32837

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHIRSTINA MIRANDA

STD

01/07/2007

Electronic Signature of Signing Officer or Director

Date