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 all other like empowered.
SIGNATURE: THIELE, KARL
PRESIDENT
04/03/2024

I hereby 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

DOCUMENT# 706774

Entity Name: SKY RANCH APARTMENTS, INC.

## **Current Principal Place of Business:**

C/O CONSOLIDATED COMMUNITY MGT 7124 N. NOB HILL RD. TAMARAC, FL 33321

## Current Mailing Address:

C/O CONSOLIDATED COMMUNITY MGT 7124 N. NOB HILL RD. TAMARAC, FL 33321 US

## FEI Number: 59-1102045

## Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM P.L. 1200 PARK CENTRAL BLVD SOUTH POMPANO BEACH, FL 33064 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	: ROBERT L. KAYE			04/03/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	THIELE, KARL	Name	DUER, LIBBY E	
Address	C/O CONSOLIDATED COMMUNITY MGT 7124 N. NOB HILL RD.	Address	C/O CONSOLIDATED COMMUN MGT 7124 N. NOB HILL RD.	ITY
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321	
Title	DIRECTOR	Title	SECRETARY	
Name	KOURY, JOSEPH	Name	KRAMER, JULIE	
Address	C/O CONSOLIDATED COMMUNITY MGT 7124 N. NOB HILL RD.	Address	C/O CONSOLIDATED COMMUN MGT 7124 N. NOB HILL RD.	ITY
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321	
Title	TREASURER			
Name	THIELE, STEVE			
Address	C/O CONSOLIDATED COMMUNITY MGT 7124 N. NOB HILL RD.			
City-State-Zip:	TAMARAC FL 33321			

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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