

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Certificate of Status Desired: No

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

02/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name THIELE, KARL
Address C/O CONSOLIDATED COMMUNITY
 MGT
 7124 N. NOB HILL RD.
City-State-Zip: TAMARAC FL 33321

Title VP
Name DUER, LIBBY E
Address C/O CONSOLIDATED COMMUNITY
 MGT
 7124 N. NOB HILL RD.
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name RUCK, BILL
Address C/O CONSOLIDATED COMMUNITY
 MGT
 7124 N. NOB HILL RD.
City-State-Zip: TAMARAC FL 33321

Title SECRETARY
Name KRAMER, JULIE
Address C/O CONSOLIDATED COMMUNITY
 MGT
 7124 N. NOB HILL RD.
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name THIELE, STEVE
Address C/O CONSOLIDATED COMMUNITY
 MGT
 7124 N. NOB HILL RD.
City-State-Zip: TAMARAC FL 33321

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 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: KARL THIELE

PRES

02/08/2021

Electronic Signature of Signing Officer/Director Detail

Date