

**2023 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

03/17/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
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            KOURY, JOSEPH  
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            TREASURER  
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:** THIELE, KARL

PRESIDENT

03/17/2023

Electronic Signature of Signing Officer/Director Detail

Date