

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 709512

Entity Name: SKY LAKE SYNAGOGUE, INC.

Current Principal Place of Business:

1850 N.E. 183 STREET
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1850 N.E. 183 STREET
NORTH MIAMI BEACH, FL 33179

FEI Number: 59-1106922

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKLAREK, LIZ
1850 NE 183 STREET
NORTH MIAMI BEACH, FL 33179 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: LIZ SKLAREK

03/21/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name NICOLAIEVSKY, EDUARDO
Address 1850 N.E. 183 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title TREASURER
Name FISHMAN, STUART
Address 1850 N.E. 183 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title SECRETARY
Name STERNBERG, DANIEL
Address 1850 NE 183 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title OFFICER, BUILDING COMMITTEE
Name BROWN, MICHELL
Address 1850 N.E. 183 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title OFFICER, BUILDING COMMITTEE
Name BERKMAN, MICHAEL
Address 1850 N.E. 183 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title ADMINISTRATOR
Name SKLAREK, ESTHER
Address 1850 N.E. 183 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

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: ESTHER SKLAREK

ADMINISTRATOR

03/21/2024

Electronic Signature of Signing Officer/Director Detail

Date