2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2025
Secretary of State
9881073411CC

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, ESTHER
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: ESTHER SKLAREK 02/06/2025

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	SECRETARY
Name	STERNBERG, DANIEL
Address	1850 NE 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	TREASURER
Name	FISHMAN, STUART
Address	1850 N.E. 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	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 02/06/2025

Electronic Signature of Signing Officer/Director Detail — Date