

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734951

**FILED
Mar 11, 2015
Secretary of State
CC7791072856**

Entity Name: SKYLINE ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

139 SKYLINE BLVD.
SATELLITE BEACH, FL 32937

Current Mailing Address:

C/O DEPENDABLE PROPERTY MANAGEMENT, LLC
1680 HWY A1A, STE 1
SATELLITE BEACH, FL 32937

FEI Number: 59-1778637

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEPENDABLE PROPERTY MANAGEMENT, LLC
1680 HIGHWAY A1A, STE 1
SATELLITE BEACH, FL 32937 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PRISCO, ROBERT
Address 170 SKYLINE BLVD
City-State-Zip: SATELLITE BEACH FL 32937

Title SD
Name ROTH, DIANE
Address 140 SKYLINE BLVD
City-State-Zip: SATELLITE BEACH FL 32937

Title D
Name HARDING, MARY
Address 153 SKYLINE BLVD
City-State-Zip: SATELLITE BEACH FL 32937

Title TREASURER
Name BEAL, FRED
Address 112 SKYLINE CIRCLE
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR
Name KLABEN, DAVID
Address 191 SKYLINE COURT
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR
Name SIMON, DAVID
Address 191 SKYLINE CT
City-State-Zip: SATELLITE BEACH FL 32937

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: ROBERT PRISCO

PRESIDENT

03/11/2015

Electronic Signature of Signing Officer/Director Detail

Date