**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 09, 2015**
**Secretary of State**
**CC8103320570**

DOCUMENT# N39058

**Entity Name:** HOMEOWNERS ASSOCIATION OF SKY LAKE SOUTH UNITS SIX AND SEVEN, INC.

**Current Principal Place of Business:**

3055 RAMSGATE CIRCLE
ORLANDO, FL 32837

**Current Mailing Address:**

POST OFFICE BOX 772243
ORLANDO, FL 32877-2243 US

**FEI Number: 59-2937141**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MIRANDA, CHRISTINA
2902 WOOLRIDGE DRIVE
ORLANDO, FL 32837 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 | PD | Title | STD |
| Name | WEIHMAN, DAVID | Name | MIRANDA, CHRISTINA |
| Address | PO BOX 772243 | Address | PO BOX 772243 |
| City-State-Zip: | ORLANDO FL 32877-2243 | City-State-Zip: | ORLANDO FL 32877-2243 |

| | |
|---|---|
| Title | VPD |
| Name | RHODES, SUSAN |
| Address | PO BOX 772243 |
| City-State-Zip: | ORLANDO FL 32877-2243 |

*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: CHRISTINA MIRANDA SECRETARY 03/09/2015

Electronic Signature of Signing Officer/Director Detail — Date