

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90012 044 \*\*\*150.00

**DOCUMENT # 278799**

1. Entity Name

SKY LAKE GARDENS RECREATION INC



Principal Place of Business

20700 W. DIXIE HWY #100  
N MIAMI BCH FL 33180

Mailing Address

20700 W. DIXIE HWY.  
#100  
N. MIAMI BEACH 33 33180  
US



2. Principal Place of Business

20700 West Dixie Highway

3. Mailing Address

20700 West Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

4. FEI Number

59-1083905

Applied For

Not Applicable

Zip  
33180

Country  
USA

Zip  
33180

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, DAVID  
20700 W. DIXIE HWY  
SUITE #100  
N MIAMI BCH FL 33180

7. Name and Address of New Registered Agent

Name  
GOLDMAN, DAVID E.

Street Address (P.O. Box Number is Not Acceptable)

20700 West Dixie Highway

City North Miami Beach FL

Zip Code  
33180

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GOLDMAN, DAVID  
20700 W. DIXIE HWY., #100  
N. MIAMI BEACH FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
GOLDMAN, GARY  
20700 W DIXIE HWY #100  
MIAMI FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GOLDMAN, DAVID E.  
20700 West Dixie Highway  
North Miami Beach, FL 33180 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
GOLDMAN, GARY B.  
20700 West Dixie Highway  
North Miami Beach, FL 33180 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David E. Goldman, DAVID E. GOLDMAN 03/25/05 (305) 935-6277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #