

**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.

1st MOORE CR2E034 (10/04)

City & State  
**North Miami Beach, FL**

City & State  
**North Miami Beach, FL**

Zip  
**33180**

Country  
**USA**

Zip  
**33180**

Country  
**USA**

4. FEI Number  
**59-1083905**

Applied For  
 Not Applicable

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: \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDMAN, GARY 20700 W DIXIE HWY #100 MIAMI FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GOLDMAN, DAVID E. 20700 West Dixie Highway North Miami Beach, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDMAN, GARY B. 20700 West Dixie Highway North Miami Beach, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #