


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 278799 1. Entity Name SKY LAKE GARDENS RECREATION INC	
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Principal Place of Business 20700 W. DIXIE HWY N MIAMI BCH, FL 33180	Mailing Address 20700 W. DIXIE HWY #100 N MIAMI BCH, FL 33180 US
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02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1083905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00

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 WEST DIXIE HWY N. MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDMAN, GARY 20700 WEST DIXIE HWY MIAMI, FL 33180
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03/07/06-80004-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 02/20/06 935-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #