

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707689 (6)
1. Corporation Name
SKY LAKE GARDENS NO 1, INC. A CONDOMINIUM

Principal Place of Business Mailing Address
1605 MIAMI GARDENS #205 N MIAMI BCH FL 33179-4946
1623 MIAMI GARDENS DR. N MIAMI BCH FL 33179-4946

2. Principal Place of Business 2a. Mailing Address
21 Sky Lake Gardens #1 Inc. 26 1623 Miami Gardens Dr.
22 1623 Miami Gardens Dr. 27 1147
23 N. Miami Beach, FL 28 N. Miami Beach, FL
24 33179 25 Country 29 33179 30 Country

400001485314
-05/12/95--01022--018
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/11/1964 3a. Date of Last Report 04/28/1994
4. FEI Number 59-1060232 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JAKOVICH, MICHAEL
1605 MIAMI GARDENS DRIVE #205
N MIAMI BCH FL 33179-4946

10. Name and Address of New Registered Agent
81 Name MARIUS PAQUET #117
82 Street Address (P.O. Box Number Not Acceptable) 1639 MIAMI GARDENS DR.
83 N. MIAMI BEACH
84 City FLORIDA FL 85 Zip Code 33179

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.
SIGNATURE Marius Paquet Date 4-18-95

12. OFFICERS AND DIRECTORS	
TITLE PD	JAKOVICH, MICHAEL 1605 MIAMI GARDENS DRIVE #205 N. MIAMI BEACH FL
TITLE DS	GREEN, LOIS 1619 MIAMI GARDENS DRIVE #144 N. MIAMI BEACH FL 33179
TITLE TD	PAPILE, PHIL 1623 MIAMI GRDNS DR. N MIAMI BCH, FL 00000
TITLE D	MOTELOW, EVA 1619 MIAMI GRDNS DR N MIAMI BCH, FL 00000
TITLE VD	WOLDORF, SADIE 1619 MIAMI GARDENS DRIVE N. MIAMI BEACH FL 33179
TITLE D	FLOMBERG, IRWIN 1639 MIAMI GARDENS DRIVE #142 N. MIAMI BEACH FL 33179-4946

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 1st VICE PD	JAKOVICH, MICHAEL <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 1605 MIAMI GARDENS DR #205 14 CITY - ST - ZIP N. MIAMI BEACH, FL 33179
21 TITLE DS	GREEN, LOIS <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 1619 MIAMI GARDENS DR. #1144 24 CITY - ST - ZIP N. MIAMI BEACH, FL. 33179
31 TITLE TD	PAPILE PHILIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 1623 MIAMI GARDENS DR. #1147 34 CITY - ST - ZIP N. MIAMI BEACH FL. 33179
41 TITLE D	MOTELOW EVA <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 1619 MIAMI GARDENS DR #1142 44 CITY - ST - ZIP N. MIAMI BEACH, FL. 33179
51 TITLE VD	WOLDORF SADIE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 1619 MIAMI GARDENS DR #242 54 CITY - ST - ZIP N. MIAMI BEACH, FL. 33179
61 TITLE 2nd VICE PD	MCLAUGHLIN JIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 1647 MIAMI GARDENS DR #225 64 CITY - ST - ZIP N. MIAMI BEACH, FL. 33179

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip Papile Date 4/15/95
PHILIP PAPILE (305) 949-2109