

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 707689 (6)

1. Corporation Name

SKY LAKE GARDENS NO 1, INC. A CONDOMINIUM



600001810516
-05/07/96--01022--038
***61.25

Principal Place of Business

Mailing Address

1623 MIAMI GARDENS #147 N. MIAMI BEACH FL 33179

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3. Date of Incorporation or Qualified 08/11/1964

3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAQUET, MARIUS
1639 MIAMI GARDENS DR #117
N MIAMI BEACH FL 33179

81 Name NEAL LEFKOWITZ
82 Street Address (P.O. Box Number is Not Acceptable) 1635 MIAMI GARDENS DR. # 235
83 City N. MIAMI BEACH FL 85 Zip Code 33179

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Neal Lefkowitz* NEAL LEFKOWITZ PRESIDENT

4/25/96 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JAKOVICH, MICHAEL	
STREET ADDRESS	1605 MIAMI GARDENS DRIVE #205	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GREEN, LOIS	
STREET ADDRESS	1619 MIAMI GARDENS DRIVE #144	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PAPILE, PHIL	
STREET ADDRESS	1619 MIAMI GARDENS DRIVE #147	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOTELOW, EVA	
STREET ADDRESS	1619 MIAMI GRDNS DR #142	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOLDORF, SADIE	
STREET ADDRESS	1619 MIAMI GARDENS DRIVE #242	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, JIM	
STREET ADDRESS	1647 MIAMI GARDENS DRIVE #225	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	

1.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SALFIE JUSTIZ	
1.3 STREET ADDRESS	1611 MIAMI GARDENS DR. #209	
1.4 CITY-ST-ZIP	N. MIAMI BEACH FL.	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOIS GREEN	
2.3 STREET ADDRESS	1619 MIAMI GARDENS DR #144	
2.4 CITY-ST-ZIP	N. MIAMI BEACH FL.	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PHILIP PAPILE	
3.3 STREET ADDRESS	1623 MIAMI GARDENS DR #147	
3.4 CITY-ST-ZIP	N MIAMI BEACH FL.	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EVA MOTELOW	
4.3 STREET ADDRESS	1619 MIAMI GARDENS DR #142	
4.4 CITY-ST-ZIP	N. MIAMI BEACH FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SUSAN LEFF	
5.3 STREET ADDRESS	1615 MIAMI GARDENS DR #239	
5.4 CITY-ST-ZIP	N. MIAMI BEACH FL.	
6.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JIM MCLAUGHLIN	
6.3 STREET ADDRESS	1647 MIAMI GARDENS DR #225	
6.4 CITY-ST-ZIP	N. MIAMI BEACH FL.	

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 119.07(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* Philip Papile

4/16/96 DATE

(305) 949-2109 Daytime Phone #

CR2E037 (12/95)