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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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



Principal Place of Business Mailing Address  
1623 MIAMI GARDENS #147 N. MIAMI BEACH FL 33179  
1623 MIAMI GARDENS #147 N. MIAMI BEACH FL 33179-4945

3. Date Incorporated or Qualified 08/11/1964  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country  
4. FEI Number 59-1060232  
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

9. Name and Address of Current Registered Agent  
LEFKOWITZ, NEIL  
1639 MIAMI GARDENS DR #235  
N MIAMI BEACH FL 33179  
10. Name and Address of New Registered Agent  
81 Name Jim McLaughlin  
82 Street Address (P.O. Box Numbers Not Acceptable) 1647 Miami Gardens Dr.  
83  
84 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 JIM McLAUGHLIN President. DATE Mar 17, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	JUSTIZ, ALFIE	1.1 TITLE V	JULIAN MARCOS
NAME	1611 MIAMI GARDENS DR #209	1.2 NAME	1647 MIAMI GARDENS DR. #225
STREET ADDRESS	N. MIAMI BEACH FL	1.3 STREET ADDRESS	N. MIAMI BEACH, FL 33179
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE DS	GREEN, LOIS	2.1 TITLE S	LOIS GREEN
NAME	1619 MIAMI GARDENS DRIVE #144	2.2 NAME	1619 MIAMI GARDENS DR. #144
STREET ADDRESS	N. MIAMI BEACH FL 33179	2.3 STREET ADDRESS	N. MIAMI BEACH, FL. 33179
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	PAPILE, PHIL	3.1 TITLE T	PHILIP PAPILE
NAME	1619 MIAMI GARDENS DRIVE #147	3.2 NAME	1623 MIAMI GARDEN DR. #147
STREET ADDRESS	N. MIAMI BEACH FL 33179	3.3 STREET ADDRESS	N. MIAMI BEACH, FL. 33179
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	MOTELOW, EVA	4.1 TITLE D	EVA MOTELOW
NAME	1619 MIAMI GRDNS DR #142	4.2 NAME	1619 MIAMI GARDENS DR. #142
STREET ADDRESS	N. MIAMI BEACH FL 33179	4.3 STREET ADDRESS	N. MIAMI BEACH, FL. 33179
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	LEFF, SUSAN	5.1 TITLE D	ANDREAN QUETTE
NAME	1615 MIAMI GARDENS DR #239	5.2 NAME	1619 MIAMI GARDENS DR. #245
STREET ADDRESS	N. MIAMI BEACH FL	5.3 STREET ADDRESS	N. MIAMI BEACH, FL. 33179
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE VD	MCLAUGHLIN, JIM	6.1 TITLE P	JIM MCLAUGHLIN
NAME	1647 MIAMI GARDENS DRIVE #225	6.2 NAME	1647 MIAMI GARDENS DR #225
STREET ADDRESS	N. MIAMI BEACH FL 33179	6.3 STREET ADDRESS	N. MIAMI BEACH FL. 33179
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 3/19/97 (305)949-2109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033285

CR2E037 (9/96)