

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
08/11/1964

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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MCLAUGHLIN, JIM
1647 MIAMI GARDENS DR.
N MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name **Julian Marcos**

82 Street Address (P.O. Box Number is Not Acceptable)
1648 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 **JULIAN MARCOS** *Vice President* DATE **4/17/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V	1.1 TITLE P
NAME	MARCOS, JULIAN	1.2 NAME MARCOS JULIAN
STREET ADDRESS	1647 MIAMI GARDENS DR., #225	1.3 STREET ADDRESS 1647 MIAMI GARDENS DR.
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP N. MIAMI BEACH, FL.
TITLE	S	2.1 TITLE S
NAME	GREEN, LOIS	2.2 NAME VELEZ CARMEN
STREET ADDRESS	1619 MIAMI GARDENS DRIVE #144	2.3 STREET ADDRESS 1635 MIAMI GARDENS DR.
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP N. MIAMI BEACH, FL.
TITLE	T	3.1 TITLE T
NAME	PAPILE, PHIL	3.2 NAME PAPILE PHILIP
STREET ADDRESS	1619 MIAMI GARDENS DRIVE #142	3.3 STREET ADDRESS 1623 MIAMI GARDENS DR.
CITY-ST-ZIP	N MIAMI BEACH FL	3.4 CITY-ST-ZIP N. MIAMI BEACH, FL.
TITLE	D	4.1 TITLE D
NAME	MOTELOW, EVA	4.2 NAME MOTELOW EVA
STREET ADDRESS	1619 MIAMI GRDNS DR #142	4.3 STREET ADDRESS 1619 MIAMI GARDENS DR.
CITY-ST-ZIP	N MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP N. MIAMI BEACH, FL.
TITLE	D	5.1 TITLE D
NAME	GUETTE, ANDREAN	5.2 NAME GUETTE ANDREAN
STREET ADDRESS	1619 MIAMI GARDENS DR., #245	5.3 STREET ADDRESS 1619 MIAMI GARDEN DR.
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP N. MIAMI BEACH, FL.
TITLE	P	6.1 TITLE V
NAME	MCLAUGHLIN, JIM	6.2 NAME QUINTERO ALFREDO
STREET ADDRESS	1647 MIAMI GARDENS DRIVE #225	6.3 STREET ADDRESS 1619 MIAMI GARDENS DR.
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14. 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 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** 4/17/98 305-949-2109

CR2E037 (10/97)