


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90001 015 ****61.25

DOCUMENT # 707689

1. Entity Name
 SKY LAKE GARDENS NO 1, INC. A CONDOMINIUM



Principal Place of Business
 1611 NE MIAMI GARDENS DR
 #209
 NORTH MIAMI, FL 33179

Mailing Address
 1611 NE MIAMI GARDENS DR
 #209
 NORTH MIAMI, FL 33179



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
~~# 209~~ 13

Suite, Apt. #, etc.
~~# 209~~ 13

City & State

City & State

Zip

Country

Zip

Country

01132004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1060232

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUSTIZ, ALFIE
 1611 NE MIAMI GARDENS DR
 #209
 NORTH MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name
 LEONARD PERRY

Street Address (P.O. Box Number is Not Acceptable)
 1647 NE MIAMI GARDENS DRIVE
 #124

City
 NORTH MIAMI BEACH FL

Zip Code
 33179

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  LEONARD PERRY 1/21/04

Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUSTIZ, ALFIE 1611 NE MIAMI GARDENS DR #209 NORTH MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMIEL, CANDIDA 1611 NE MIAMI GARDENS DR #112 NORTH MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINTO, LIGIA 1635 NE MIAMI GARDENS DR 3137 NORTH MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REINHARDT, GRETEL 1623 NE MIAMI GARDENS DR #146 NORTH MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANRESA, AXNUS 1643 NE MIAMI GARDENS DR #221 NORTH MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEONARD PERRY 1647 N.E MIAMI GARDENS DR #124 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARMEN VELEZ 1635 NE MIAMI GARDENS DR. #237 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEIL LEFKOWITZ 1635 NE MIAMI GARDENS DR. #235 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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 617, 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:  1/21/04 305-3354111

Signature and typed or printed name of signing officer or director Date Daytime Phone #