


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90054 015 \*\*\*\*70.00

<b>DOCUMENT # 707689</b>	
1. Entity Name <b>SKY LAKE GARDENS NO 1, INC. A CONDOMINIUM</b>	

Principal Place of Business <b>1611 NE MIAMI GARDENS DR #13 NORTH MIAMI FL 33179</b>	Mailing Address <b>1611 NE MIAMI GARDENS DR #13 NORTH MIAMI FL 33179</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-1060232</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>PERRY, LEONARD</b> <b>1647 NE MIAMI GARDENS DR #124</b> <b>NORTH MIAMI BEACH FL 33179</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PERRY, LEONARD</b> <b>1647 N.E. MIAMI GARDS. DR #174</b> <b>NORTH MIAMI BEACH FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TO GRETTEL ARMSTRONG</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1623 NE MIAMI GARD #146</b> <b>N. MIAMI BEACH FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>AMIEL, CANDIDA</b> <b>1611 NE MIAMI GARDENS DR #112</b> <b>NORTH MIAMI FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JANUSZ LESIK</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1639 NE MIAMI GARD #115</b> <b>N. MIAMI BEACH FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PINTO, LIGIA</b> <b>1635 NE MIAMI GARDENS DR #137</b> <b>NORTH MIAMI FL 33179</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VELEZ, CARMEN</b> <b>1635 NE MIAMI GARDENS DR #237</b> <b>NORTH MIAMI FL 33179</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>VELEZ, CARMEN</b> <b>1635 NE MIAMI GARDS. DR. #237</b> <b>NORTH MIAMI BEACH FL 33179</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEFKOWITZ, NEIL</b> <b>1635 NE MIAMI GARDENS DR. #235</b> <b>NORTH MIAMI BEACH FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_