


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90007 025 ****61.25

DOCUMENT # 707689			
1. Entity Name SKY LAKE GARDENS NO 1, INC. A CONDOMINIUM			
Principal Place of Business 1611 NE MIAMI GARDENS DR #13 NORTH MIAMI, FL 33179		Mailing Address 1611 NE MIAMI GARDENS DR #13 NORTH MIAMI, FL 33179	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERRY, LEONARD 1647 NE MIAMI GARDENS DR #124 NORTH MIAMI BEACH, FL 33179		Name <i>Gretel Armstrong</i> Street Address (P.O. Box Number is Not Acceptable) <i>1623 NE Miami Gardens Jr. # 146</i> City <i>North Miami Beach FL</i> Zip Code <i>33179</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME PINTO, LICLIA STREET ADDRESS 1635 NE MIAMI GARDEN DR., #137 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	T NAME Patricia Miller STREET ADDRESS 1601 NE Miami Gardens Dr. # 204 CITY-ST-ZIP North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME ACHURY, MARIA RITA STREET ADDRESS 1611 NE MIAMI GARDENS DR., #210 CITY-ST-ZIP NORTH MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	S NAME Edgar Suarez STREET ADDRESS 1635 NE Miami Gardens Dr. # 234 CITY-ST-ZIP North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME ARMSTRONG, GRETEL STREET ADDRESS 1623 NE MIAMI GARD #146 CITY-ST-ZIP NORTH MIAMI, FL 33179	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME JUNUSZ, LESIK STREET ADDRESS 1639 NE MIAMI GARD #115 CITY-ST-ZIP NORTH MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	VP NAME Roberto Conche STREET ADDRESS 1601 N.E. Miami Gardens Dr. #204 CITY-ST-ZIP North Miami Beach FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME CONCHE, ROBERTO STREET ADDRESS 1601 NE MIAMI GARDENS DR., #204 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	Jacques AMIEL NAME STREET ADDRESS 1611 NE Miami Gardens Dr. # 112 CITY-ST-ZIP North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Gretel Armstrong</i>		Date: <i>Jan-19-2007</i> Daytime Phone #: <i>305 785 9374</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			