


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90033 044 ****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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01212008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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	T	<input type="checkbox"/> Delete
NAME	MILLER, PATRICIA	
STREET ADDRESS	1601 NE MIAMI GARDENS DR., 204	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUAREZ, EDGAR	
STREET ADDRESS	1635 NE MIAMI GARDENS DR., 234	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARMSTRONG, GRETEL	
STREET ADDRESS	1623 NE MIAMI GARD #146	
CITY-ST-ZIP	NORTH MIAMI, FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONCHE, ROBERTO	
STREET ADDRESS	1601 NE MIAMI GARDENS DR., 204	
CITY-ST-ZIP	NORTH MIAMI, FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMIEL, JACQUES	
STREET ADDRESS	1611 NE MIAMI GARDENS DR., 112	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Board of Directors	
STREET ADDRESS	Niels deKOWITZ	
CITY-ST-ZIP	1635 N.E. Miami Gardens Drive North Miami Beach, FL 33174	

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: *Robert Armstrong Gretel Armstrong* **Jan-21-2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #