SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 26 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **708010** **(4)**

1. Corporation Name

SKY LAKE GARDENS NO. 2. INC., A CONDOMINIUM

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 600301 NORTH MIAMI BEACH FL 33160	P.O. BOX 600301 NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 10/26/1964
3a. Date of Last Report: 05/09/1994
4. FEI Number: 59-1171512 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **FILING FEE IS $61.25**
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VARGA, KATALIN
1719 N.E. MIAMI GARDENS DR. #231
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P D ☒ Change ☐ Addition
NAME	SWEENEY, LARRY	12 NAME	MIR, JAWED
STREET ADDRESS	1667 N.E. MIAMI GARDENS DR. #244	13 STREET ADDRESS	1671 NE MIAMI GARDENS DRIVE #149.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	14 CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33179
TITLE	VP	21 TITLE	VP D ☒ Change ☐ Addition
NAME	MIR, JAWED	22 NAME	Gilbert Peretz
STREET ADDRESS	1671 N.E. MIAMI GARDENS DR. #149	23 STREET ADDRESS	1671 NE Miami Gds DR #112
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	24 CITY-ST-ZIP	N.M.B. Fla. 33179
TITLE	T	31 TITLE	T D ☒ Change ☐ Addition
NAME	VARGA, KATALIN	32 NAME	LASH, DOROTHY
STREET ADDRESS	1719 N.E. MIAMI GARDENS DR. #231	33 STREET ADDRESS	1715 N.E. Miami Gardens Dr. #226
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	34 CITY-ST-ZIP	North Miami Beach, FL 33179
TITLE	S	41 TITLE	S ☒ Change ☐ Addition
NAME	DIAZ, MIRTH	42 NAME	GROSSMAN, SYLVIA
STREET ADDRESS	1711 N.E. MIAMI GARDENS DR. #222	43 STREET ADDRESS	1655 N.E. Miami Gardens Dr. #208
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	44 CITY-ST-ZIP	North Miami Beach, FL. 33179
TITLE	D	51 TITLE	VP ☒ Change ☐ Addition
NAME	CSIRIK, ALEX	52 NAME	GUO, PHILLIP
STREET ADDRESS	1715 N.E. MIAMI GARDENS DR. #229	53 STREET ADDRESS	1667 N.E. Miami Gardens Dr. #144
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	54 CITY-ST-ZIP	North Miami Beach, FL. 33179
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 6/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Official Title

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