5-15-97 B-73611 C

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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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

1. Corporation Name

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

Principal Place of Business	Mailing Address
P.O. BOX 600301 NORTH MIAMI BEACH FL 33160	P.O. BOX 600301 NORTH MIAMI BEACH FL 33160-0301

3. Date Incorporated or Qualified: **10/26/1964**

3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-1171512** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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, typed 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	PD	☑ DELETE	1.1 TITLE	DP ☐ Change ☐ Addition
NAME	MIR, JAWED		1.2 NAME	DOROTHY LASH
STREET ADDRESS	1641 NE MIAMI GARDENS DRIVE #149		1.3 STREET ADDRESS	1715 NE MIAMI GARDENS Dr. 226
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
TITLE	VPD	☑ DELETE	2.1 TITLE	DVP ☐ Change ☐ Addition
NAME	PERETZ, GILBERT		2.2 NAME	GARY ROBINSON
STREET ADDRESS	1671 NE MIAMI GDS DR #112		2.3 STREET ADDRESS	1705 NE MIAMI GARDENS Dr. 118
CITY-ST-ZIP	NMB FL		2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
TITLE	TD	☑ DELETE	3.1 TITLE	DT ☐ Change ☐ Addition
NAME	LASH, DOROTHY		3.2 NAME	JUAN CASTRO
STREET ADDRESS	1715 N.E. MIAMI GARDENS DR. #226		3.3 STREET ADDRESS	1715 NE MIAMI GARDENS Dr. # 129
CITY-ST-ZIP	NORTH MIAMI BEACH FL		3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
TITLE	S	☑ DELETE	4.1 TITLE	DS ☐ Change ☐ Addition
NAME	GROSSMAN, SYLVIA		4.2 NAME	KATHY MALNOR
STREET ADDRESS	1655 N.E. MIAMI GARDENS DR. #208		4.3 STREET ADDRESS	1655 NE MIAMI GARDENS Dr. #206
CITY-ST-ZIP	NORTH MIAMI BEACH FL		4.4 CITY-ST-ZIP	N MIAMI BEACH, FL 33179
TITLE	VP	☑ DELETE	5.1 TITLE	DVP ☐ Change ☐ Addition
NAME	GUO, PHILLIP		5.2 NAME	SYLVIA GROSSMAN
STREET ADDRESS	1667 N.E. MIAMI GARDENS DR. #144		5.3 STREET ADDRESS	1655 NE MIAMI GARDENS Dr. #208
CITY-ST-ZIP	NORTH MIAMI BEACH FL		5.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33179
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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: Dorothy Lash SECRETARY - DOROTHY LASH 5-1-97 305-949-9064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0031431