

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90139 019 ****70.00

DOCUMENT # 708010 1. Entity Name SKY LAKE GARDENS NO. 2. INC., A CONDOMINIUM					
Principal Place of Business 18654 NE 18 AVE MIAMI, FL 33179			Mailing Address P.O. BOX 600301 NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1171512				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZORN, STEVEN J 1671 N.E. MIAMI GARDENS DRIVE, APT 249 NORTH MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name Rafael Quiles Street Address (P.O. Box Number is Not Acceptable) 1655 NE Miami Gardens Dr. #208 City N. Miami Beach FL Zip Code 33179		
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 Rafael Quiles		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE 3-19-06	
Filing Fee Is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	☒ Delete	TITLE	P	☒ Change ☒ Addition
NAME	ZORN, STEVEN		NAME	Rafael Quiles	
STREET ADDRESS	1671 N.E. MIAMI GARDENS DRIVE		STREET ADDRESS	1655 NE Miami Gardens Dr. #208	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MUNIZAGA, JULIO		NAME		
STREET ADDRESS	1667 NE MIAMI GARDENS DRIVE, #143		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	IGLESIAS, ARTURO		NAME		
STREET ADDRESS	1651 N.E. MIAMI GARDENS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	BM	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	RIVERA, VIRILIO		NAME	Elizabeth Olivo	
STREET ADDRESS	1711 N.E. MIAMI GARDENS DRIVE		STREET ADDRESS	1655 NE Miami Gardens Dr. #205	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	S	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	FERNANDEZ, ISMAEL		NAME	Yolanda Osorio	
STREET ADDRESS	1667 N.E. MIAMI GARDENS DRIVE		STREET ADDRESS	1715 NE Miami Gardens Dr. #229	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Miguel Bonilla	
STREET ADDRESS			STREET ADDRESS	1671 NE Miami Gardens Dr. #147	
CITY-ST-ZIP			CITY-ST-ZIP	North Miami Beach, FL 33179	
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: Rafael Quiles		Signature and typed or printed name of signing officer or director		Date 3-19-06 Daytime Phone # 305 788 1994	