## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 26, 2008 **DOCUMENT# 708010** Secretary of State

Entity Name: SKY LAKE GARDENS NO. 2. INC., A CONDOMINIUM

**Current Principal Place of Business: New Principal Place of Business:** 

18654 NE 18 AVE MIAMI, FL 33179

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 600301 NORTH MIAMI BEACH, FL 33160

FEI Number: 59-1171512 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIVERA, MIGDALIA L 1705 NÉ MIAMI GARDENS DR #220 NORTH MIAMI BEACH, FL 33179 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

RIVERA, MIGDALIA L Name: RIVERA, MIGDALIA L Name:

1705 NE MIAMI GARDENS DRIVE SUITE 220 Address: 1705 NE MIAMI GARDENS DRIVE SUITE # 220 Address:

City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: () Delete Title: () Change () Addition

Name: BONILLA, MIGUEL Name: Address: 1663 NE MIAMI GARDENS DRIVE SUITE 147 Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip:

Title: () Delete Title: () Change () Addition

GOLMAN, JUDITH Name: Name: 1705 NE MIAMI GARDENS DRIVE SUITE 221 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: VARGAS, OMAR Name: 1705 NE MIAMI GARDENS DRIVE SUITE 118 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

DAVILA, JAIME Name: Name: ALVAREZ, MARIA E

1705 MIAMI GARDENS DRIVE SUITE 218 1705 MIAMI GARDENS DRIVE SUITE # 121 Address: Address:

NORTH MIAMI BEACH, FL 33179 City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: (X) Delete Title: () Change () Addition ALVAREZ MARIA E

Name: Name: Address: 1705 NE MIAMI GARDENS DR SUITE 121 Address: NORTH MIAMI BEACH, FL 33179 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGDALIA L. RIVERA Ρ 07/26/2008

Electronic Signature of Signing Officer or Director

Date