

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 708437 (9)

1. Corporation Name

SKY LAKE GARDENS NO.3, INC., A CONDOMINIUM



Principal Place of Business: **18642 NE 18TH AVE NO MIAMI BEACH FL 33179**
Mailing Address: **18642 NE 18TH AVE NO MIAMI BEACH FL 33179**

3. Date Incorporated or Qualified: **02/03/1965**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business

21. Suite, Apt. #, etc.
22. City & State
23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.
27. City & State
28. Zip

29. Country

4. FEI Number: **59-1090024**
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

**LERER, EMMA
18642 NE 18 AVENUE
N. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LERER, EMMA	
STREET ADDRESS	18642 NE 18 AVE., #122	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FRITZI, EDELSTEIN	
STREET ADDRESS	18604 NE 18 AVE	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, LIBBY	
STREET ADDRESS	18634 NE 18 AVE	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AMIEL, JACK	
STREET ADDRESS	18642 NE 18 AVE #224	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LERER, EMMA	
STREET ADDRESS	18642 NE AVE #122	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	Cynthia Kubiak	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	v D	
13 STREET ADDRESS	18642 NE 18 Ave, # 124	
14 CITY-ST-ZIP	North Miami Beach, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	300001858293	
63 STREET ADDRESS	-06/11/96--01100--046	
64 CITY-ST-ZIP	***61.25	

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)(k), 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: _____ **Jack Amiel, TD (305)949-6256**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E037 (12/95)