

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 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 # 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 33179-5363

3. Date Incorporated or Qualified: 02/03/1965
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 18654 N.E. 18th Ave
2a. Mailing Address: 18654 N.E. 18th Ave

4. FEI Number: 59-1090024
Applied For: Not Applicable

23. City & State: N.M.B. FL
28. City & State: N.M.B. FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24. Zip: 33179
25. State: FL
29. Zip: 33179
30. State: FL

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
B1 Name: Cynthia L. Kubiak
B2 Street Address (P.O. Box Number is Not Acceptable): 18642 N.E. 18th Ave #124
B3
B4 City: N.M.B. FL B5 Zip Code: 33179

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: Cynthia L. Kubiak (Cynthia L. Kubiak) Pres. DATE: 4/3/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	LERER, EMMA	1.1 TITLE	
NAME	18642 NE 18 AVE., #122	1.2 NAME	
STREET ADDRESS	NORTH MIAMI BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	KUBIAK, CYNTHIA	2.1 TITLE	
NAME	18642 NE 18 AVE., #124	2.2 NAME	
STREET ADDRESS	NORTH MIAMI BEACH FL 33179	2.3 STREET ADDRESS	18642 NE 18th Ave #124
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	AMIEL, JACK	3.2 NAME	
STREET ADDRESS	18642 NE 18 AVE #224	3.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	LERER, EMMA	4.2 NAME	
STREET ADDRESS	18642 NE AVE #122	4.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	SEVILLE, SUSY	5.1 TITLE	
NAME	18566 NE 18 AVE, #109	5.2 NAME	
STREET ADDRESS	NO MIAMI BEACH, FL 33179	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ROIZ, GERALDINE	6.1 TITLE	
NAME	18630 NE 18 AVE, # 236	6.2 NAME	
STREET ADDRESS	NO MIAMI BEACH, FL 33179	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Cynthia L. Kubiak DATE: 4/3/97

CR2E037 (9/96)