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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Mogham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708437 (9)
1. Corporation Name
SKY LAKE GARDENS NO.3, INC., A CONDOMINIUM



Principal Place of Business Mailing Address
18654 N.E. 18TH AVE. NO MIAMI BEACH FL 33179 US
18654 N.E. 18TH AVE. NO MIAMI BEACH FL 33179 US

3. Date Incorporated or Qualified
02/03/1965
4. FEI Number 59-1090024 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 18650 NE 18 AVE #233 26 18650 NE 18 AVE #233
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 MIAMI FL 28 MIAMI FL
Zip Country Zip Country
24 33179 25 33179 29 33179 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
KUBIAK, CYNTHIA L
18642 N.E. 18TH AVE.
#124
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name Debbi Cian
82 Street Address (P.O. Box Number Is Not Acceptable) 18650 NE 18 AVE #233
83
84 City MIAMI FL 85 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 [Signature] DATE 1-13-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LERER, EMMA | |
| STREET ADDRESS | 18642 NE 18 AVE., #122 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | KUBIAK, CYNTHIA | |
| STREET ADDRESS | 18642 N.E. 18TH AVE., #124 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SEVILLE, SUSY | |
| STREET ADDRESS | 18588 N.E. 18 AVE., #109 | |
| CITY-ST-ZIP | NO MIAMI BCH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ROIZ, GERALDINE | |
| STREET ADDRESS | 18630 N.E. 18 AVE., #236 | |
| CITY-ST-ZIP | NO MIAMI BCH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | ANN DURAND D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | PRESIDENT | |
| 1.3 STREET ADDRESS | 18650 NE 18 AVE #133 | |
| 1.4 CITY-ST-ZIP | MIAMI FL 33179 | |
| 2.1 TITLE | MONICA DEBBI DEASI D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VICE PRESIDENT | |
| 2.3 STREET ADDRESS | 18646 NE 18 AVE #127 | |
| 2.4 CITY-ST-ZIP | MIAMI FL 33179 | |
| 3.1 TITLE | TREASURER D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | DEBBI CIAN | |
| 3.3 STREET ADDRESS | 18650 NE 18 AVE #233 | |
| 3.4 CITY-ST-ZIP | MIAMI FL 33179 | |
| 4.1 TITLE | SECRETARY D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | JUANA FERNANDEZ | |
| 4.3 STREET ADDRESS | 18616 NE 18 AVE #120 | |
| 4.4 CITY-ST-ZIP | MIAMI FL 33179 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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: [Signature] DATE: 1-13-98 (305) 624 9994

CR2E037 (10/97)