

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:08

DOCUMENT # 709475 (8)

1. Corporation Name
SKY LAKE GARDENS NO 4, INC., A CONDOMINIUM

Principal Place of Business Mailing Address
18740 NE 18 AVE #142 NO. MIAMI BCH FL 33179 18740 NE 18 AVE #142 NO. MIAMI BCH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1965 3a. Date of Last Report 03/18/1994
4. FEI Number 59-1104987 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MUNGER, FAYE
18740 NE 18 AVE #142
NORTH 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 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BENNETT, JOSEPHSON
STREET ADDRESS 18710 NE 18TH AVE #210
CITY- ST- ZIP N MIAMI BCH FL

1.1 TITLE P
1.2 NAME NATE GENCERELLA Change Addition
1.3 STREET ADDRESS 18720 N.E. 18 AVE #216
1.4 CITY- ST- ZIP N. MIAMI BEACH, FL. 33179

TITLE VP
NAME DAMIANO, DORIS
STREET ADDRESS 18700 NE 18TH AVE #202
CITY- ST- ZIP N MIAMI BCH FL

2.1 TITLE VP
2.2 NAME ALICE STAGGS Change Addition
2.3 STREET ADDRESS 18780 N.E. 18 AVE. #122
2.4 CITY- ST- ZIP N. MIAMI BEACH, FL. 33179

TITLE T
NAME MUNGER, FAYE
STREET ADDRESS 18740 NE 18 AVE #142
CITY- ST- ZIP N MIAMI BCH. FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE S
NAME STAGGS, ALICE
STREET ADDRESS 18780 NE 18 AVE #122
CITY- ST- ZIP N MIAMI BCH. FL

4.1 TITLE S
4.2 NAME MARY UCHITEL Change Addition
4.3 STREET ADDRESS 18750 N.E. 18 AVE. #251
4.4 CITY- ST- ZIP N. MIAMI BEACH, FL. 33179

TITLE D
NAME PAUL KESSLER
STREET ADDRESS 18726 N.E. 18 AVE #118
CITY- ST- ZIP N. MIAMI BCH, FL 33177

5.1 TITLE D
5.2 NAME GARY KUBIAK Change Addition
5.3 STREET ADDRESS 18780 N.E. 18 AVE #125
5.4 CITY- ST- ZIP N. MIAMI BCH, FL 33179

TITLE D
NAME JOHN BENDITS
STREET ADDRESS 18720 N.E. 18 AVE #114
CITY- ST- ZIP N. MIAMI BCH, FL 33179

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Faye Munger FAYE MUNGER 1/31/95 (305) 949-6508
DATE (Type or Print Name)