

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

FILED
Mar 06, 1996 08:00 AM
Secretary of State

DOCUMENT # 709475 (8)

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



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

Mailing Address
**18740 NE 18 AVE #142
NO. MIAMI BCH FL 33179**

3. Date Incorporated or Qualified
08/19/1965

3a. Date of Last Report
02/22/1995

4. FEI Number
59-1104987

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

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE

NAME **GENCERELLA, NATE**

STREET ADDRESS **18720 NE 18 AVE #216**

CITY-ST-ZIP **N MIAMI BCH FL**

TITLE **VP** DELETE

NAME **STAGGS, ALICE**

STREET ADDRESS **18780 NE 18 AVE #122**

CITY-ST-ZIP **N MIAMI BCH FL**

TITLE **T** DELETE

NAME **MUNGER, FAYE**

STREET ADDRESS **18740 NE 18 AVE #142**

CITY-ST-ZIP **N MIAMI BCH. FL**

TITLE **S** DELETE

NAME **UCHITEL, MARY**

STREET ADDRESS **18750 NE 18 AVE #251**

CITY-ST-ZIP **N MIAMI BCH. FL**

TITLE **D** DELETE

NAME **KESSLET, PAUL**

STREET ADDRESS **18726 NE 18 AVE #118**

CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **D** DELETE

NAME **BENDAS, JOHN**

STREET ADDRESS **18720 NE 18 AVE #114**

CITY-ST-ZIP **N. MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~WATT, EFFIE~~ Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **WATT, EFFIE**

2.3 STREET ADDRESS **18786 N.E. 18 AVE #229**

2.4 CITY-ST-ZIP **N. MIAMI BCH, FL**

3.1 TITLE Change Addition

3.2 NAME **DUBIAK, GARY**

3.3 STREET ADDRESS **18780 N.E. 18 AVE #125**

3.4 CITY-ST-ZIP **N. MIAMI BCH, FL**

4.1 TITLE Change Addition

4.2 NAME **DMOCHELLAN, MAGGIE**

4.3 STREET ADDRESS **18706 N.E. 18 AVE #208**

4.4 CITY-ST-ZIP **N. MIAMI BCH, FL 33179**

5.1 TITLE Change Addition

5.2 NAME **300001733883**

5.3 STREET ADDRESS **-03/06/96--01042--010**

5.4 CITY-ST-ZIP *****61.25**

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS **2/2/95**

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 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: Faye Munger **FAYE MUNGER** 1/18/96 **(305) 949-6508**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)