


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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	Applied For Not Applicable
4. FEI Number 59-1104987	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
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
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 relistening) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	GENCERELLA, NATE
STREET ADDRESS	18720 NE 18 AVE #218
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	STAGGS, ALICE
STREET ADDRESS	18780 NE 18 AVE #122
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MUNGER, FAYE
STREET ADDRESS	18740 NE 18 AVE #142
CITY-ST-ZIP	N MIAMI BCH. FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WATT, EFFIE
STREET ADDRESS	18786 NE 18 AVE #229
CITY-ST-ZIP	N MIAMI BCH. FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KUBIAK, GARY
STREET ADDRESS	18780 NE 18 AVE #125
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP ALICE De BRITO
2.3 STREET ADDRESS	18700 N.E 18 Ave #103
2.4 CITY-ST-ZIP	N. MIAMI BCH. FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S. ONI FERNANDEZ
4.3 STREET ADDRESS	18706 N.E 18 Ave #105
4.4 CITY-ST-ZIP	N. MIAMI BCH. FL.
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: *Faye Munger* **FAYE MUNGER**

CR2E037 (10/97)