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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90098 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709475

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

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 96351 90098 9

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/19/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1104987
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 FAYE MUNGER, TREASURER Faye Munger 1/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GENCERELLA, NATE	
STREET ADDRESS	18720 NE 18 AVE #216	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DEBRITO, ALICE	
STREET ADDRESS	18700 NE 15 AVE #103	
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	FERNANDEZ, ONI	
STREET ADDRESS	18706 NE 18 AVE 105	
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	P DAVID RABINSKY
1.3 STREET ADDRESS	18750 N.E. 18 AVE #151
1.4 CITY-ST-ZIP	N. MIAMI BCH, FL. 33179
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP CARBOLLA, ROBERTO
2.3 STREET ADDRESS	18746 N.E. 18 AVE #148
2.4 CITY-ST-ZIP	N. MIAMI BCH, FL. 33179
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S ALICE DE BRITO
4.3 STREET ADDRESS	18700 NE 18 AVE #103
4.4 CITY-ST-ZIP	N. MIAMI BCH, 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)(l), 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, with all other like empowered.

SIGNATURE: Faye Munger FAYE MUNGER, TREAS. 1/5/99 305/949-6508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)