

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709475

FILED
May 29, 2007
Secretary of State

Entity Name: SKY LAKE GARDENS NO 4, INC., A CONDOMINIUM

Current Principal Place of Business:

18700 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

18740 N.E. 18TH AVENUE
145
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

18700 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

18740 N.E. 18TH AVENUE
145
NORTH MIAMI BEACH, FL 33179

FEI Number: 59-1104987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

IRIBARREN, EMILIA E
18786 NE 18 AVE
228
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: VASQUEZ, ROSA
Address: 18790 NE 18 AVE., #131
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T () Delete
Name: BODOLAY, MARGARET K
Address: 18740 NE AVE. #145
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP () Delete
Name: LANG, BROOK
Address: 18720 NE 18 AVE., #116
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: WILLIAMS, ROBIN
Address: 18720 NE 18 AVE # 217
City-St-Zip: NORHT MIAMI BEACH, FL 33179

Title: P () Delete
Name: CALVET, VIVIAN
Address: 18786 NE 18 AVE # 228
City-St-Zip: NORHT MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET KUTNY BODOLAY

T

05/29/2007

Electronic Signature of Signing Officer or Director

_____ Date