

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# 709475

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

Current Principal Place of Business:

18700 NE 18TH AVENUE
APT. 212
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

18700 NE 18TH AVENUE
APT. 212
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 59-1104987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, CYNTHIA G ESQUIRE
99 NW 183RD STREET
SUITE 102 A
MIAMI, FL 33169 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: FERNANDEZ, ONILDE
Address: 18706 NE 18TH AVENUE, # 105
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T () Delete
Name: CORTEZ, JOSE
Address: 18710 NE 18TH AVENUE, #212
City-St-Zip: NORTH MIAMI AVENUE, FL 33179

Title: VP () Delete
Name: GOMEZ, JOSE
Address: 18706 NE 18TH AVENUE, #207
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: PASSARELLI, PATRICE
Address: 18710 NE 18TH AVENUE, #110
City-St-Zip: NORHT MIAMI BEACH, FL 33179

Title: P () Delete
Name: JOHNSON, ANNA I
Address: 18740 NE 18TH AVENUE, #244
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: D (X) Change () Addition
Name: ROBAYO, ANIANA J
Address: 18786 NE 18TH AVENUE, #128
City-St-Zip: NORHT MIAMI BEACH, FL 33179

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: ANNA I. JOHNSON

P

05/11/2009

Electronic Signature of Signing Officer or Director

Date