2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# 709852

Entity Name: SKYLINE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3078 SUNSET COURT
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

3078 SUNSET COURT
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 59-1145587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCOY, TIMOTHY J
3078 SUNSET CT
COCOA, FL 32922 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:	D	( ) Delete
Name:	CAIN, ADAM	
Address:	3081 SUNSET CT.	
City-St-Zip:	COCOA, FL 32922	
Title:	P	( ) Delete
Name:	CLENDINEN, CLAYTON	
Address:	3084 SUNSET CT.	
City-St-Zip:	COCOA, FL 32922	
Title:	V	( ) Delete
Name:	CHRISTINE, RUSCITO	
Address:	3077 SUNSET CT	
City-St-Zip:	COCOA, FL 32922	
Title:	D	( ) Delete
Name:	MEST, CRAIG	
Address:	3074 SUNSET CT.	
City-St-Zip:	COCOA, FL 32922	
Title:	S	( ) Delete
Name:	CAIN, COURTNEY	
Address:	3081 SUNSET CT.	
City-St-Zip:	COCOA, FL 32922	
Title:	T	( ) Delete
Name:	MCCOY, TIM	
Address:	3078 SUNSET CT.	
City-St-Zip:	COCOA, FL 32922	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	CHANNEL, NORMAN	
Address:	3083 SUNSET LANE	
City-St-Zip:	COCOA, FL 32922	
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:	S	(X) Change ( ) Addition
Name:	VIG, SHERRI	
Address:	3075 SUNSET CT.	
City-St-Zip:	COCOA, FL 32922	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY J. MCCOY T 04/27/2006

Electronic Signature of Signing Officer or Director — Date