

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709852

FILED
Apr 30, 2009
Secretary of State

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: CHANNEL, NORMAN
Address: 3083 SUNSET LANE
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: VIG, SHERRI
Address: 3075 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: () 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:

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: TIMOTHY J MCCOY

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date