

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714300 (1)

1. Corporation Name

SKY LAKE - HIGHLAND LAKES AREA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: GLENN GOPMAN, 2010 NE 198TH TERRACE, MIAMI FL 33179
Mailing Address: GLENN GOPMAN, 2010 NE 198TH TERRACE, MIAMI FL 33179

3. Date Incorporated or Qualified: 03/25/1968
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: ~~59-2422923~~ 59-2260378
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: FRIEDMAN, KEN, 21305 N.E. 19TH CT., MIAMI FL 33179

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, Zip Code.

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: 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	PD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, KEN	
STREET ADDRESS	21305 N.E. 19TH CT.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOTWINICK, BRUCE	
STREET ADDRESS	21210 N.E. 20TH AVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PROMOFF, DAVID	
STREET ADDRESS	19841 N.E. 23 AVE	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOPMAN, GLENN	
STREET ADDRESS	2010 198TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	YEAGER, MARILYN	
STREET ADDRESS	21001 N.E. 24 CT	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARTER, JANET	
STREET ADDRESS	20860 HIGHLAND LAKES BLVD	
CITY-ST-ZIP	MIAMI FL 33179	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Kenneth Friedman* 4-7-96 305-945-3523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)