

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

GLENN GOPMAN
2010 NE 198TH TERRACE
MIAMI FL 33179

GLENN GOPMAN
2010 NE 198TH TERRACE
MIAMI FL 33179-3132

3. Date Incorporated or Qualified
03/25/1968

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2260378

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, KEN
21305 N.E. 19TH CT.
MIAMI FL 33179

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME FRIEDMAN, KEN
STREET ADDRESS 21305 N.E. 19TH CT.
CITY - ST - ZIP MIAMI FL 33179

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD DELETE
NAME BOTWINICK, BRUCE
STREET ADDRESS 21210 N.E. 20TH AVE
CITY - ST - ZIP MIAMI FL 33179

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE VD DELETE
NAME PROMOFF, DAVID
STREET ADDRESS 19841 N.E. 23 AVE
CITY - ST - ZIP MIAMI FL 33180

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE TD DELETE
NAME GOPMAN, GLENN
STREET ADDRESS 2010 198TH TERRACE
CITY - ST - ZIP MIAMI FL 33179

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE SD DELETE
NAME YEAGER, MARILYN
STREET ADDRESS 21001 N.E. 24 CT
CITY - ST - ZIP MIAMI FL 33180

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE SD DELETE
NAME CARTER, JANET
STREET ADDRESS 20860 HIGHLAND LAKES BLVD
CITY - ST - ZIP MIAMI FL 33179

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Glenn Gopman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97
Date

305-651-3020
Daytime Phone # 0033282

CR2E037 (9/96)