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FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
03/25/1968

4. FEI Number
59-2260378

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes ~~or has~~ the current year intangible Personal Property Tax due June 30. 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, KEN	
STREET ADDRESS	21305 N.E. 19TH CT.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input checked="" 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 checked="" 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH SHER	
1.3 STREET ADDRESS	2286 NE 215TH STREET	
1.4 CITY-ST-ZIP	MIAMI, FL 33180	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUSAN FRIED	
2.3 STREET ADDRESS	1875 NE 197TH TERRACE	
2.4 CITY-ST-ZIP	MIAMI, FL 33179	
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	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JILL PEREZ	
5.3 STREET ADDRESS	21211 NE 25TH COURT	
5.4 CITY-ST-ZIP	MIAMI, FL 33180	
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 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 H. Gopman* **GLENN H. GOPMAN** 1/31/98 305-651-3020

CR2E037 (10/97)