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May 21, 1999 8:00 am
Secretary of State

05-21-1999 90005 008 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999



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

3. Date Incorporated or Qualified

03/25/1968

4. FEI Number

59-2260378

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

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 ~~on~~ the current year Intangible Personal Property Tax due June 30. Yes No

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, KEN	1.2 NAME	JOSEPH SHER
STREET ADDRESS	21305 N.E. 19TH CT.	1.3 STREET ADDRESS	2286 NE 215TH STREET
CITY-ST-ZIP	MIAMI FL 33179	1.4 CITY-ST-ZIP	MIAMI, FL 33180
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOTWINICK, BRUCE	2.2 NAME	SUSAN FRIED
STREET ADDRESS	21210 N.E. 20TH AVE	2.3 STREET ADDRESS	1875 NE 197TH TERRACE
CITY-ST-ZIP	MIAMI FL 33179	2.4 CITY-ST-ZIP	MIAMI, FL 33179
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROMOFF, DAVID	3.2 NAME	
STREET ADDRESS	19841 N.E. 23 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOPMAN, GLENN	4.2 NAME	
STREET ADDRESS	2010 198TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAGER, MARILYN	5.2 NAME	JILL PEREZ
STREET ADDRESS	21001 N.E. 24 CT	5.3 STREET ADDRESS	21211 NE 25TH COURT
CITY-ST-ZIP	MIAMI FL 33180	5.4 CITY-ST-ZIP	MIAMI, FL 33180
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JANET	6.2 NAME	
STREET ADDRESS	20860 HIGHLAND LAKES BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	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 Gopman* TREAS 5/21/99 305-651-3020