

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90111 027 ****61.25

DOCUMENT # 714300

1. Entity Name

SKY LAKE - HIGHLAND LAKES AREA HOMEOWNERS ASSOCI

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2260378

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
 NAME **SHER, JOSEPH**
 STREET ADDRESS **2286 NE 215TH STREET**
 CITY-ST-ZIP **MIAMI FL 33180**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **VD**
 NAME **FRIED, SUSAN**
 STREET ADDRESS **1875 NE 197TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33179**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **SD**
 NAME **PEREZ, JILL**
 STREET ADDRESS **21211 NE 25TH COURT**
 CITY-ST-ZIP **MIAMI FL 33180**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn Gopman* **GLENN GOPMAN** 3/15/00 305-651-3020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)