

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91149 020 \*\*\*\*70.00

DOCUMENT # 714300

1. Entity Name

SKYLAKE - HIGHLAND LAKES AREA  
HOMEOWNERS ASSOCIATION, INC.

666781

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

40 GLENN GOPMAN

Suite, Apt. #, etc.

2010 NE 198<sup>TH</sup> TERR

City & State

MIAMI, FL

Zip

33179-3132

Country

MIAMI-DADE

3. Mailing Address

40 GLENN GOPMAN

Suite, Apt. #, etc.

2010 NE 198<sup>TH</sup> TERRACE

City & State

MIAMI, FL

Zip

33179-3132

Country

MIAMI-DADE

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4. FEI Number

59-2260378

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

KENNETH FRIEDMAN

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

21305 NE 19<sup>TH</sup> COURT

City

MIAMI

FL

Zip Code

33179

**DO NOT WRITE  
IN THIS SPACE**

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

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T/D GLENN GOPMAN 2010 NE 198 TERRACE MIAMI, FL 33179-3132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D DAVID PROMOFF 19841 NE 23 AVENUE MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D SUSAN FRIED 1875 NE 197 <sup>TH</sup> TERRACE MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D JILL PEREZ 21211 NE 25 <sup>TH</sup> COURT MIAMI, FL 33180
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12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn H. Gopman* GLENN H. GOPMAN

4/29/02 Date

954-525-1040 Daytime Phone #

CR2E037B (12/01)