

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2007
Secretary of State**

DOCUMENT# 714300

Entity Name: SKY LAKE - HIGHLAND LAKES AREA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

GLENN GOPMAN
2010 NE 198TH TERRACE
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

GLENN GOPMAN
2010 NE 198TH TERRACE
MIAMI, FL 33179

New Mailing Address:

FEI Number: 59-2260378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAY, SCOTT R
1575 IVES DAIRY ROAD
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: FRIED, SUSAN
Address: 1875 NE 197TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: VD () Delete
Name: PROMOFF, DAVID,
Address: 19841 N.E. 23 AVE
City-St-Zip: MIAMI, FL 33180

Title: D () Delete
Name: GOPMAN, GLENN
Address: 2010 198TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: TD () Delete
Name: HECHT, ALAN
Address: 2670 NE 215 STREET
City-St-Zip: MIAMI, FL 33180

Title: PD () Delete
Name: JAY, SCOTT
Address: 1575 IVES DAIRY ROAD
City-St-Zip: MIAMI, FL 33179

Title: VD () Delete
Name: BRAVERMAN, MORT
Address: 20510 NE 19TH AVE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN GOPMAN

D

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date