

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 714300

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

Current Principal Place of Business:

20300 NE 24 AVENUE
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

PO BOX 630721
MIAMI, FL 331630721

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:

MATZA, ROCHELLE S
20020 NE 21 AVENUE
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 (X) 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: VPD () Delete
Name: SCHANERMAN, BARI
Address: 2145 NE 207 STREET
City-St-Zip: MIAMI, FL 33179

Title: TD () Delete
Name: MATZA, ROCHELLE S
Address: 20020 NE 21 AVENUE
City-St-Zip: MIAMI, FL 33179

Title: VPD () Delete
Name: MORTON, JONATHAN
Address: 2135 NE 204 STREET
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: PD (X) Change () Addition
Name: SCHANERMAN, BARI
Address: 2145 NE 207 STREET
City-St-Zip: MIAMI, FL 33179

Title: SD (X) Change () Addition
Name: MATZA, ROCHELLE S
Address: 20020 NE 21 AVENUE
City-St-Zip: MIAMI, FL 33179

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 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: ROCHELLE S, MATZA

SD

04/30/2009

Electronic Signature of Signing Officer or Director

Date