

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 27 1997 8:00am
Secretary of State**DOCUMENT # 715736 (5)**

1. Corporation Name

SKYLAKE MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7331 CORAL WAY SUITE 250
MIAMI FL 33155****7331 CORAL WAY SUITE 250
MIAMI FL 33155-1471****3. Date Incorporated or Qualified**
12/17/1968**3a. Date of Last Report**
11/18/1996**4. FEI Number**
59-1318430Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Election Campaign Financing**
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees****8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes** ☐ Yes ☒ No**2. Principal Place of Business****2a. Mailing Address****21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**29****30****9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****NASH, MARTIN P
7331 CORAL WAY, SUITE 250
MIAMI FL 33155****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
NAME	RENDERER, ROY	
STREET ADDRESS	1710 NE MIAMI GDNS DR.	
CITY-ST-ZIP	MIAMI FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FAHNESTOCK, BARBARA	
STREET ADDRESS	1716 NE MIAMI GDNS DR	
CITY-ST-ZIP	MIAMI FL	

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BROWN, KATHLEEN	
STREET ADDRESS	1698A NE MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL	

31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVINSON, HELAINE	
STREET ADDRESS	1758 MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL	

41 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARABITG, ADOLPH	
STREET ADDRESS	18350 NE 18 RD	
CITY-ST-ZIP	MIAMI FL	

51 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 applicable, or in Block 14 if applicable, with an address.SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031201

CR2E037 (9/96)