

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2009
Secretary of State**

DOCUMENT# 725110

Entity Name: SKYVIEW ESTATES, INC.

Current Principal Place of Business:

SKYVIEW ESTATES INC
3003 SEGO LANE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

SKYVIEW ESTATES INC
3003 SEGO LANE
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-1438606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULTON, DEAN G.
1910 BLUE LAKE DRIVE.
LAKELAND, FL 33801 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: P () Delete
Name: ADER, VERN
Address: 1942 BLUE LAKE DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: DC () Delete
Name: ANDREWS, EDWARD
Address: 3031 HEATHER WAY
City-St-Zip: LAKELAND, FL 33801

Title: S () Delete
Name: KYLE, KAREN
Address: 1930 BLUE LAKE DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: V () Delete
Name: WOOD, ROBERT
Address: 1505 DOGWOOD LANE
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: BUCHHEIT, CHARLES
Address: 1902 BLUE LAKE DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: WRIGHT, COLLEEN
Address: 3035 SEGO LN
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LITTERAL, RICHARD
Address: 1514 SKYVIEW DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: DC (X) Change () Addition
Name: HOVEY, WILBERT
Address: 3040 SUN WAY
City-St-Zip: LAKELAND, FL 33801

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

Title: V (X) Change () Addition
Name: CLINK, JAMES
Address: 3019 DOVER LANE
City-St-Zip: LAKELAND, FL 33801

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: COLLEEN WRIGHT

TREA

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date