


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90410 012 ****61.25

DOCUMENT # 725550 1. Entity Name SKY HARBOR ESTATES CORPORATION, INC.			
Principal Place of Business 585 SKY HARBOR DRIVE CLEARWATER, FL 33759 US		Mailing Address 585 SKY HARBOR DRIVE CLEARWATER, FL 33759 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 28100 US 19 N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 305	
City & State		City & State Clearwater, FL	
Zip 33761	Country USA	4. FEI Number 59-1449763	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALIOTTI, DENNIS J 585 SKY HARBOR DRIVE #409 CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name Resource Property Mgmt. Street Address (P.O. Box Number is Not Acceptable) 28100 US 19 N. Suite 305 City Clearwater FL Zip Code 33761	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Cynthia Kuder</i></u> <small>Signature, typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOOMER, PAUL E 585 SKY HARBOR DR #207 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALIOTTI, DENNIS J 585 SKY HARBOR DR #409 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNTI, PHILLIP W 585 SKY HARBOR DR #224 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIMBER, SARA 585 SKY HARBOR #308 CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Naylor, Karen 585 Sky Harbor Dr. # 324 Clearwater, FL 33759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURANDT, CLAIRE S 585 SKY HARBOR #204 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, BONNIE 585 SKY HARBOR #142 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Paul E. Woomer</i></u> PAUL E. WOOMER 4-26-07 727 793 0558 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			