

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90545 048 ****61.25

0027985

DOCUMENT # 730117

1. Entity Name

SKY LAKE SOUTH HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2414 MARLEY COURT
 ORLANDO FL 32837
 US

2414 MARLEY COURT
 ORLANDO FL 32837
 US

00049106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 E. Sybelia Avenue

100 E. Sybelia Avenue

Suite, Apt. #, etc.
 130

Suite, Apt. #, etc.
 130

City & State
 Maitland, FL

City & State
 Maitland, FL

4. FEI Number **59-1690441**

Applied For
 Not Applicable

Zip
 32751

Country
 Orange

Zip
 32751

Country
 Orange

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, LUCILLE P
 2414 MARLEY CT.
 ORLANDO FL 32837

Name
 Keith R. Kiebzak

Street Address (P.O. Box Number is Not Acceptable)
 C/O KL Management Group, Inc.

100 E. Sybelia Avenue, Suite 130

City
 Maitland

FL Zip Code
 32751

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.

SIGNATURE

Keith R. Kiebzak, Manager

2/15/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MARTINEZ, LUCILLE P 2414 MARLEY COURT ORLANDO FL 32837	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATES, SUSAN 2305 TOWER BRIDGE ST. ORLANDO FL-32837	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OROURKE, ILLEAN 11328 ZODIAC ORLANDO FL 32837	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, BETHANY 11433 CARDIFF ST ORLANDO FL 32837	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Fulkerson, Rene' 100 E. Sybelia Avenue, Suite 130 Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D O'Rourke, Illean 100 E. Sybelia Avenue, Suite 130 Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Porratt, John 100 E. Sybelia Avenue, Suite 130 Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(l), 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: PRESIDENT

2/15/01 407/740-8081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)