

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 18, 2005  
Secretary of State**

DOCUMENT# 730117

Entity Name: SKY LAKE SOUTH HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

11102 STONE GATE COURT  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

11323 INWOOD CT  
ORLANDO, FL 32837 US

**Current Mailing Address:**

11102 STONE GATE COURT  
ORLANDO, FL 32837 US

**New Mailing Address:**

11323 INWOOD CT  
ORLANDO, FL 32837 US

FEI Number: 59-1690441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUILLEN, MARY  
11102 STONE GATE COURT  
ORLANDO, FL 32837 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: ST ( ) Delete  
Name: GUILLEN, MARY  
Address: 11102 STONE GATE COURT  
City-St-Zip: ORLANDO, FL 32837

Title: VP ( ) Delete  
Name: BARRETT, LENIE  
Address: 11323 INWOOD COURT  
City-St-Zip: ORLANDO, FL 32837

Title: P ( ) Delete  
Name: ADAMS, CHARLIE  
Address: 2874 MILSTEAD AVE.  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 for the exemption stated in Section 119.07(3)(i), 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: LENIE BARRETT

VP

04/18/2005

Electronic Signature of Signing Officer or Director

Date