2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2010
Secretary of State

DOCUMENT# 734951

Entity Name: SKYLINE ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

139 SKYLINE BLVD.
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

139 SKYLINE BLVD.
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-1778637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIETROMARTIRE, CESIDIO P
150 SKYLINE BLVD
SATELLITE BEACH, FL 32937 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: PD
Name: PIETROMARTIRE, CESIDIO P
Address: 150 SKYLINE BLVD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD
Name: DANIEL, BARBARA
Address: 116 SKYLINE CIRCLE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD
Name: BEAL, GEORGE F
Address: 112 SKYLINE CIRCLE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD
Name: MYERS, DALE
Address: 143 SKYLINE BLVD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D
Name: THOMAS, VERA
Address: 156 SKYLINE BLVD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D
Name: STICKLUS, ROBERT
Address: 120 SKYLINE BLVD
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby 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 all other like empowered.

SIGNATURE: G. F. BEAL VD 02/21/2010

Electronic Signature of Signing Officer or Director — Date