2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736703

FILED Apr 21, 2009 Secretary of State

Entity Name: SKY LAKE VILLAS, INC., PHASE 1							
Current Principal Place of Business:				New Principal Place of Business:			
20461 NE 1 MIAMI, FL :							
Current Mailing Address:				New Mailing Address:			
P. O. BOX 6 MIAMI, FL :							
FEI Number:	59-2044624	FEI Number Applied	l For () FEI Nun	nber Not Appli	cable ()	Certificate of Statu	s Desired ()
Name and	Address of Cu	ırrent Registered	Agent:	Name and Address of New Registered Agent:			
1501 NW 49	L, KATZMAN 9 ST STE 202 RDALE, FL 33:	309 US					
The above in the State		ubmits this stateme	ent for the purpose o	f changing it	s registered o	office or registered	agent, or both,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGES	TO OFFICERS A	ND DIRECTORS:
Title: Name: Address: City-St-Zip:	DT () [KAPLON, BARBA 19931 NE 10TH I MIAMI, FL 33179	PL WAY		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E FIRST, DON 20461 NE 10TH I N MIAMI BCH., F			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[MANCINI, LENNY 20301 NE 10TH I MIAMI, FL 33179	PL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD ()[MARCY, BADER 20431 NE 10TH I MIAMI, FL 33179			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CABALLERO, CH 20025 NE 10TH I MIAMI, FL 33179	PL		Title: Name: Address: City-St-Zip:	D (X RIERA, JESUS 20421 NE 10T MIAMI, FL 33	H PL	

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: DONALD FIRST D 04/21/2009