2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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FILED Apr 03, 2006 08:00 AM Secretary of State

DOCUMENT # N00000005104

SYKES VIEW ESTATES HOMEOWNER'S ASSOCIATION,

Principal Place of Business

Mailing Address

3960 S BANANA RIVER BLVO COCOA BEACH, FL 32931

3960 S BANANA RIVER BLVD COCOA BEACH, FL 32931



03302006 No Chg-NP

CR2E037 (11/05)

4. FE! Number 59-3727994

Applied For Not Applicable

S. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUNYAN, GARY G

DO NOT WRITE

3960 S BANANA RIVER BLVD COCOA BEACH, FL 32931			IN THIS SPACE				
	e named entity submits this statement for the tions of registered agent.	c purpose of changing its registered off	ice or r	egistered agent, or bo	oth, in the State of Florid	a. I am familiat wi	ih, and accept
SIGNATURE.	Signature, typed or primed name of registered agent and t	itle if applicable. (NCTE: fingistered Agent	ocputero	स्वयंत्रकी जीवन संग्रहीवीमधी		DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Etection Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000 04/18/06-	490689 80067-009	61.25
10.	OFFICERS AND DIF	ECTORS					·.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUNYAN, GARY 380 WAINAI DRIVE MERRITT ISLAND, FL 32953				•		, 34 , 34 , 4
TITLE	T				T=-1.11.1 6.1.1		
NAME STREET ADDRESS CITY-ST-ZP	RUNYAN, DEANNA 380 WAINAI DR MERRITT ISLAND, FL 32953						e manera má
THE NAME STREET ADDRESS CATY-SI-ZIP	D HILL, CHRIS 400 WAINAI DRIVE MERRITT ISLAND, FL 32953			DO	NOT WE	RITE	
TITLE NAME STREET ATORESS CATY-ST-ZIP	VPD SMITH, DON 390 WANAI DR MERRITT ISLAND, FL 32953			IN '	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
DITLE NAME STREET ADDRESS CITY-ST-ZIP						, 11 (1 , 12 <u>1</u>	
12. Thereby of indicated	certify that the information supplied with this on this report or supplemental report is true	s filing does not qualify for the exemptic e and accurate and that my signature st	ns cor	ntained in Chapter 139 te the same legal effection	3. Florida Statutes, i furi ci as il made under oath	her certify that the that I am an office	information er or director

or the corporation of the receiver of trustee empowered to execute this report changed, or on an attachmost with an address, with all other like empowered.

SIGNATURE:

Date

327-784-4515

Usymne Phone #