

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N02000002902

1. Entity Name  
SKYVIEW VILLAS P.O.A., INC.



Principal Place of Business  
2476 N. ESSEX AVE.  
HERNANDO, FL 34442

Mailing Address  
2476 N. ESSEX AVE.  
HERNANDO, FL 34442



04102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0664398

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ABEL, ERIC D ESQ.  
2476 N. ESSEX AVE.  
HERNANDO, FL 34442

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000904355  
05/01/08-80009-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ABEL, ERIC D  
STREET ADDRESS 2476 N. ESSEX AVE.  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE TD  
NAME PASTOR, JOHN E  
STREET ADDRESS 2476 N. ESSEX AVE.  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE SD  
NAME DRISKILL, DEB  
STREET ADDRESS 2476 N. ESSEX AVE.  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D  
NAME CRAIG, AVIS M  
STREET ADDRESS 2476 N ESSEX AVE  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D  
NAME FISHER, GLORIA  
STREET ADDRESS 1034 W SKYVIEW LANDINGS DR  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08  
Date

352-746-6060  
Daytime Phone #

ERIC D. ABEL