

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 08:00
Secretary of State

DOCUMENT # N03000001244

1. Entity Name
**SKY HARBOR, INC AVIAN WILDLIFE REHABILITATION
CENTER**



Principal Place of Business
**11305 BLACK WALNUT STREET
HUDSON, FL 34669**

Mailing Address
**11305 BLACK WALNUT STREET
HUDSON, FL 34669**



05072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1679798

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARHORST, LYNDA
11305 BLACK WALNUT STREET
HUDSON, FL 34669**

**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

Lynda Barhorst, Director

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

(NOTE: Registered Agent signature required when reinstating)

5-1-07

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARHORST, LYNDA A
STREET ADDRESS 11305 BLACK WALNUT STREET
CITY-ST-ZIP HUDSON, FL 34669

TITLE BM
NAME JACOBSEN, CHRISSY
STREET ADDRESS MAYS ROAD
CITY-ST-ZIP HUDSON, FL 34669

TITLE MD
NAME BUTLER, ADRIANNE
STREET ADDRESS 456 DENISE ST
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE S
NAME SHRADER, BARBARA
STREET ADDRESS 3509 SEAWAY DR
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE BM
NAME WALTON, PETER DR
STREET ADDRESS 251 SAGE DR
CITY-ST-ZIP CRYSTAL BEACH, FL

TITLE CO-D
NAME SLINGERLAND, DAVID A
STREET ADDRESS 11305 BLACK WALNUT STREET
CITY-ST-ZIP HUDSON, FL 34669

U00000763030
05/29/07-80038-007 61.25

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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:

Lynda Barhorst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

Date

**727
379-0343**

Daytime Phone #