

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003382

FILED  
May 02, 2009  
Secretary of State

**Entity Name:** SKYLARK ESTATES HOMEOWNER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12187 BEACH BLVD.  
SUITE 4  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

12620-3 BEACH BLVD.  
#301  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 20-3656179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JARNUTOWSKI, SHERRIE  
12620-3 BEACH BLVD.  
#301  
JACKSONVILLE, FL 32246 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: P ( ) Delete  
Name: JAMES, JULIETTE  
Address: 12620-3 BEACH BLVD., #301  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: GORSUCH, KAY  
Address: 12620-3 BEACH BLVD., #301  
City-St-Zip: JACKSONVILLE, F, 32246

Title: S ( ) Delete  
Name: STEFANIDES, ALLISON  
Address: 12620-3 BEACH BLVD., #301  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: PILON, MICHAEL  
Address: 12620-3 BEACH BLVD., #301  
City-St-Zip: JACKSONVILLE, F 32246

Title: T (X) Delete  
Name: CARTER, WALTER  
Address: 12620-3 BEACH BLVD., #301  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHERRIE JARNUTOWSKI

RA

05/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date