

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP 14 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N05000004011

1. Entity Name
SKYWAY TERRACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
2293 W EAU GALLIE BLVD
MELBOURNE, FL 32935

Mailing Address
2293 W EAU GALLIE BLVD
MELBOURNE, FL 32935

Principle Place of Business:
2045 San Marcos Drive
City & State:
Winter Haven, FL
Zip 33880 Country USA

Mailing Address
2045 San Marcos Drive
City & State:
Winter Haven, FL
Zip 33880

09012006 Chg-NP CR2E037 (4/06)

4. FEI Number
APPLIED FOR 20-4386420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WATTWOOD, ROBERT W
1686 W HIBISCUS BLVD
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Richard A Tenaglia
c.o. Creative Association Serv., Inc.
2045 San Marcos Drive
Winter Haven, FL 33880

Zip Code

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 Richard Tenaglia 9/1/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKES, RICHARD 2293 W EAU GALLIE BLVD MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Kerr 421 June Avenue Haines City, FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNES, KATHRYN 2293 W EAU GALLIE BLVD MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Shirin Premji 522 Lake Villa Way Haines City, FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gabriela Rubio 309 Lake Villa Way Haines City, FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crystal Arteaga 315 June Avenue Haines City, FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard Tenaglia 9/8/06 863-293-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #