

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90094 011 ****61.25

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



Principal Place of Business
**2045 SAN MARCOS DRIVE
WINTER HAVEN, FL 33880 US**

Mailing Address
**2045 SAN MARCOS DRIVE
WINTER HAVEN, FL 33880 US**

90070010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01252008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4386420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TENAGLIA, RICHARD A
C/O CREATIVE ASSOCIATION SERVICES, INC
2045 SAN MARCOS DRIVE
WINTER HAVEN, FL 33880**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KERR, RICHARD
STREET ADDRESS 421 JUNE AVENUE
CITY-ST-ZIP HAINES CITY, FL 33844 ☒ Delete

TITLE P
NAME Don Wiley
STREET ADDRESS 414 Lake Villa Way
CITY-ST-ZIP Haines City, FL 33844 ☐ Change ☒ Addition

TITLE TSD
NAME PREMJI, SHIRIN
STREET ADDRESS 522 LAKE VILLA WAY
CITY-ST-ZIP HAINES CITY, FL 33844 ☒ Delete

TITLE S
NAME Reggie Hilton
STREET ADDRESS 411 Lake Villa Way
CITY-ST-ZIP Haines City, FL 33844 ☐ Change ☒ Addition

TITLE D
NAME RUBIO, GABRIELA
STREET ADDRESS 309 LAKE VILLA WAY
CITY-ST-ZIP HAINES CITY, FL 33844 ☒ Delete

TITLE T
NAME Jonathan Morris
STREET ADDRESS 321 Lake Villa Way
CITY-ST-ZIP Haines City, FL 33844 ☐ Change ☒ Addition

TITLE D
NAME ARTEAGA, CRYSTAL
STREET ADDRESS 315 JUNE AVENUE
CITY-ST-ZIP HAINES CITY, FL 33844 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

863-293-7400

Daytime Phone #