

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90077 016 ****61.25

DOCUMENT # N09589

1. Entity Name

SKYWAY VILLAGE ESTATES INCORPORATED



Principal Place of Business

**WILLIAM R. KORP, ATTY.
P.O. BOX 1614
VENICE FL 34284
US**

Mailing Address

**SKYWAY VILLAGE ESTATES
420-49TH ST. E
PALMETTO FL 34221
US**



2. Principal Place of Business

ABEL/BAND

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

P O Box 49948

City & State

Sarasota, FL 34230

City & State

Zip

Country

Zip

Country

Manatee

4. FEI Number

65-0089399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ESTATES, SKYWAY VILLAGE
420-49TH ST. E
SUITE 250
PALMETTO FL 34221**

7. Name and Address of New Registered Agent

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.

This is the same registered agent, different address.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **D** ☐ Delete
NAME **BARK, ARNOLD**
STREET ADDRESS **420 49TH ST E #31**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VP** ☐ Delete
NAME **KING, ARTHUR**
STREET ADDRESS **420-49TH ST E, # 137**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** ☐ Delete
NAME **CARRUBA, TRINA**
STREET ADDRESS **420-49TH ST E, # 23**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **T** ☐ Delete
NAME **BROWN, VELDA**
STREET ADDRESS **420-49TH ST E #88**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** ☐ Delete
NAME **HUXTED, SHEILA**
STREET ADDRESS **420-49TH ST E, # 167**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **P** ☐ Delete
NAME **ELLIOTT, ROBERT**
STREET ADDRESS **420-49TH ST. E. # 136**
CITY-ST-ZIP **PALMETTO FL 34221**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☐ Addition
NAME **Mary E Erb**
STREET ADDRESS **420 - 49th St E #86**
CITY-ST-ZIP **Palmetto, FL 34221**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Mary E. Erb** **MARY E. ERB, Sec.** **1-25-06** **941-729-1894**