

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90127 034 ****61.25

DOCUMENT # N09589

1. Entity Name
SKYWAY VILLAGE ESTATES INCORPORATED



Principal Place of Business
ABEL/BAND
PO BOX 49948
SARASOTA, FL 34230 US

Mailing Address
SKYWAY VILLAGE ESTATES
420-49TH ST. E
PALMETTO, FL 34221 US

40045241



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0089399

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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, 2007**

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

TITLE Treasurer ☐ Change ☒ Addition
NAME David Brower
STREET ADDRESS 420 - 49th St E #179
CITY-ST-ZIP Palmetto, Fl. 34221

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

TITLE Vice President ☐ Change ☒ Addition
NAME Dennis Altman
STREET ADDRESS 420 - 49th St E #156
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 Secretary ☐ Change ☒ Addition
NAME Joan Brown
STREET ADDRESS 420 - 49th St E #145
CITY-ST-ZIP Palmetto, Fl. 34221

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

TITLE Director ☐ Change ☒ Addition
NAME Peter Buma
STREET ADDRESS 420 - 49th St E #34
CITY-ST-ZIP Palmetto, Fl. 34221

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

TITLE Director ☐ Change ☒ Addition
NAME Mary Erb
STREET ADDRESS 420 - 49th St #86
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

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 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

Date

Daytime Phone #

3-27-07

941-729-1894