


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90018 021 ****61.25

DOCUMENT # N09589	
1. Entity Name SKYWAY VILLAGE ESTATES INCORPORATED	

Principal Place of Business ABEL BAND Lutz, Bobo, Telfair PO BOX 49948 2 N. Tamiami Trl. Sth floor SARASOTA, FL 34230 US	Mailing Address SKYWAY VILLAGE ESTATES 420-49TH ST. E PALMETTO, FL 34221 US
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40002000



01222008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0089399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ESTATES, SKYWAY VILLAGE 420-49TH ST. E STATE 200 PALMETTO, FL 34221	DO NOT WRITE IN THIS SPACE
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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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, JOAN 420 49TH ST #145 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, DENNIS 420 49TH ST E #156 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	# President CARRUBA, TRINA 420-49TH ST E, # 23 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	# D BROWER, DAVID 420 49TH ST E #179 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	# VP BUMA, PETER 420 49TH ST E #34 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	# Treasurer ELLIOTT, ROBERT Clarence Sooley 420 49TH ST E #155 PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE

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: <u>Joanne Brown - Secretary</u>	Date: <u>Mar-25/08</u> 941-7291894
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	