


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N19473 1. Entity Name SKYLINE WOODS PROPERTY OWNERS' ASSOCIATION, INC.	
--	---

Principal Place of Business 12981 TREELINE CT N FT. MYERS, FL 33903 US	Mailing Address 12981 TREELINE CT N FT. MYERS, FL 33903 US
--	--

DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2781552	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 SKINNER, KAREN A 12981 TREELINE CT N FT. MYERS, FL 33903	<p style="text-align: center; font-size: 2em;">DO NOT WRITE IN THIS SPACE</p>
---	--

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SKINNER, KAREN A 12981 TREELINE CT N FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FIRESTONE, BRUCE 12860 TREELINE CT N FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YATES, STACEY L 12921 TREELINE COURT NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOVELACE, JOHN 12950 TREELINE COURT NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000181446
01/14/05-80049-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Karen A. Skinner</u> DT <u>KAREN A. Skinner</u> 1-10-05 (229)	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone
--	--	------	---------------

9954611