## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N19473

FILED Apr 04, 2007 Secretary of State

Entity Name: SKYLINE WOODS PROPERTY OWNERS' ASSOCIATION, INC.

| Current Principal Place of Business:                             |   |   | New Principal Place of Business:   |   |
|--|---|---|--|---|
|  | EELINE CT<br>ERS, FL 33903  | US  |  |   |
| Current Mailing Address:   |   | New Mailing Address:  |  |   |
|  | EELINE CT<br>ERS, FL 33903  | US  |  |   |
| FEI Number   | : 59-2781552  | FEI Number Applied For ( )                                    | FEI Number Not Applicable (  | ) Certificate of Status Desired ( )                     |
| Name and   | l Address of Cu   | rrent Registered Agent:                                       | Name and Addre   | ss of New Registered Agent:                             |
| 12981 TRI  | , KAREN A<br>EELINE CT<br>ERS, FL 33903   | US  |  |   |
|  | e named entity su<br>e of Florida.  | bmits this statement for the                                  | ourpose of changing its regis  | tered office or registered agent, or both,              |
| SIGNATU  |   |   |  |   |
| OIOIW (I O   | RE:   |   |  |   |
| 01011/110  |   | : Signature of Registered Ag                                  | ent  | Date  |
|  |   |   |  |   |
| OFFICER Title: Name: Address:                                    | Electronic  | ORS:  delete N A CT   |  |   |
|  | Electronic  S AND DIRECTO  DT () D  SKINNER, KAREN 12981 TREELINE   | DRS: Delete N A CT 33903 Delete UCE                           | ADDITIONS/CHA Title: Name: Address:                                      | NGES TO OFFICERS AND DIRECTORS                          |
| OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: | Electronic  S AND DIRECTO  DT ()D  SKINNER, KAREN 12981 TREELINE N FT MYERS, FL  DV ()D  FIRESTONE, BRU 12860 TREELINE N FT MYERS, FL | DRS:  Delete NA CT 33903  Delete UCE CT 33903  Delete L COURT | ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: Name: Address: | NGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN A. SKINNER DT 04/04/2007