2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N19473

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

Current Principal Place of Business:

12981 TREELINE CT
N FT. MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

12981 TREELINE CT
N FT. MYERS, FL 33903 US

New Mailing Address:

FEI Number: 59-2781552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKINNER, KAREN A
12981 TREELINE CT
N FT. MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DT	( ) Delete
Name:	SKINNER, KAREN A	
Address:	12981 TREELINE CT	
City-St-Zip:	N FT MYERS, FL 33903	
Title:	DV	( ) Delete
Name:	FIRESTONE, BRUCE	
Address:	12860 TREELINE CT	
City-St-Zip:	N FT MYERS, FL 33903	
Title:	S	( ) Delete
Name:	YATES, STACEY L	
Address:	12921 TREELINE COURT	
City-St-Zip:	NORTH FORT MYERS, FL 33903	
Title:	DP	( ) Delete
Name:	JORDAN, JERRY	
Address:	12741 TREELINE COURT	
City-St-Zip:	NORTH FORT MYERS, FL 33903	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 04/21/2008

Electronic Signature of Signing Officer or Director — Date