2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19473

FILED Jan 17, 2009 Secretary of State

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

Current F	rincipal Place	of Business:	New Prince	cipal Place of Business:
	EELINE CT ERS, FL 33903	US		
Current N	lailing Address	::	New Maili	ng Address:
	EELINE CT ERS, FL 33903	US		
El Number	: 59-2781552	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and	d Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:
12981 TR	, KAREN A EELINE CT ERS, FL 33903	US		
		ubmits this statement for the p	urpose of changing	its registered office or registered agent, or bo
n the Stat	e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered office or registered agent, or bo
n the Stat	e of Florida. RE:	ubmits this statement for the p		its registered office or registered agent, or bo Date
n the Stat SIGNATU	e of Florida. RE:	c Signature of Registered Age	ent	
n the Stat SIGNATU	e of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Age C ORS: Delete N A E CT	ent	Date
n the Stat BIGNATU DFFICER Title: lame: kddress: City-St-Zip: Title: lame: kddress:	e of Florida. RE: Electronic S AND DIRECT DT () I SKINNER, KARE 12981 TREELINE N FT MYERS, FL	C Signature of Registered Age CORS: Delete N A E CT . 33903 Delete UCE E CT	ent ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECT
n the Stat SIGNATU DFFICER Title: lame: Address:	e of Florida. RE: Electronic S AND DIRECT DT () II SKINNER, KARE 12981 TREELINE N FT MYERS, FL DV () II FIRESTONE, BR 12860 TREELINE N FT MYERS, FL S () II YATES, STACEY 12921 TREELINE	c Signature of Registered Age ORS: Delete N A E CT . 33903 Delete UCE E CT . 33903 Delete	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECT () Change () Addition DV (X) Change () Addition WESTBERRY, BRUCE 12860 TREELINE COURT

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 01/17/2009