


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90030 002 ****61.25

DOCUMENT # N30512					
1. Entity Name SKYWAY VILLAGE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 420 49TH ST E., #L-115 C/O THOMAS C. WHITTAKER PALMETTO, FL 34221 US			Mailing Address 420 49TH ST E., #L-115 C/O THOMAS C. WHITTAKER PALMETTO, FL 34221 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0331474	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITTAKER, THOMAS C 420 49TH ST E #L-115 PALMETTO, FL 34221			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITTAKER, THOMAS C		NAME		
STREET ADDRESS	420 49TH ST E L115		STREET ADDRESS		
CITY- ST- ZIP	PALMETTO, FL		CITY- ST- ZIP		
TITLE	T/S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARE, SHEILA		NAME		
STREET ADDRESS	420 49TH ST E B161		STREET ADDRESS		
CITY- ST- ZIP	PALMETTO, FL		CITY- ST- ZIP		
TITLE	D/T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INGRAM, REVA		NAME		
STREET ADDRESS	420 49TH STE LOT I53		STREET ADDRESS		
CITY- ST- ZIP	PALMETTO, FL		CITY- ST- ZIP		
TITLE	T/BM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIEDEMA, ANDREW		NAME		
STREET ADDRESS	420 49TH ST E LOT 120 L		STREET ADDRESS		
CITY- ST- ZIP	PALMETTO, FL		CITY- ST- ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITTAKER, DON		NAME		
STREET ADDRESS	420 49TH ST E LOT 180		STREET ADDRESS		
CITY- ST- ZIP	PALMETTO, FL 34221		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <i>Thomas C Whittaker</i>			5/2/05 941 Date 722-1282 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					