

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90247 033 ****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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0331474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITTAKER, THOMAS C
420 49TH ST E
#L-115
PALMETTO FL 34221

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME WHITTAKER, THOMAS C
STREET ADDRESS 420 49TH ST E L115
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T/S ☐ Delete
NAME PARE, SHEILA
STREET ADDRESS 420 49TH ST E B161
CITY-ST-ZIP PALMETTO FL

TITLE T/S ☐ Change ☐ Addition
NAME SHIRLEY WILLIAMS
STREET ADDRESS 420 49TH ST LOT 49 I
CITY-ST-ZIP PALMETTO FL 34221

TITLE D/T ☐ Delete
NAME INGRAM, REVA
STREET ADDRESS 420 49TH STE LOT 153
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T/BM ☐ Delete
NAME MIEDEMA, ANDREW
STREET ADDRESS 420 49TH ST E LOT 120 L
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V ☐ Delete
NAME WHITTAKER, DON
STREET ADDRESS 420 49TH ST E LOT 180
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Thomas C Whittaker*

5/1/06 Pres.