

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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 is required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

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

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

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

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

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

TITLE ☐ Delete
NAME **WILLIAMS, SHIRLEY**
STREET ADDRESS **420 49TH ST LOT 49**
CITY-ST-ZIP **PALMETTO FL 34221**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U000000947268**
CITY-ST-ZIP **06/02/08-80007-014 61.25**

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

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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

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