FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 AM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39058** **(5)**

1. Corporation Name

HOMEOWNERS ASSOCIATION OF SKY LAKE SOUTH UNITS S IX AND SEVEN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O ICM, INC. P.O. BOX 915408 LONGWOOD FL 32791 US	C/O ICM, INC. P.O. BOX 915408 LONGWOOD FL 32791 US

3. Date Incorporated or Qualified: 07/09/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2937141 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WITHERELL, GRACE S 495 SUNILAND AVE. LONGWOOD FL 32791	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VPD	☒ Change ☐ Addition
NAME	CRONYN, JACKIE	12 NAME	ALAN HANSEN	
STREET ADDRESS	2805 WOODRUFF DR.	13 STREET ADDRESS	11112 OWNBY COURT	
CITY-ST-ZIP	ORLANDO FL 32837	14 CITY-ST-ZIP	ORLANDO, FLORIDA 32837	
TITLE	VPD	21 TITLE	PD	☒ Change ☐ Addition
NAME	STEVENSON, BOB	22 NAME		
STREET ADDRESS	11104 HAMBLEY AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☒ Change ☐ Addition
NAME	VOLTA, JEANETTE	32 NAME	DELETE DIRECTOR	
STREET ADDRESS	2810 WOODRUFF DR.	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	STD	☒ Change ☐ Addition
NAME	MIRANDA, CHRIS	42 NAME		
STREET ADDRESS	2902 WOOLRIDGE DR.	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	VALENTINE, JIM	52 NAME	DELETE DIRECTOR	
STREET ADDRESS	3067 WOOLRIDGE DR	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: R. James Stevenson 3/14/95 407-857-6673
SIGNATURE AND TYPED OR PRINTED NAME OF BONNO OFFICER OR DIRECTOR — Date — Daytime Phone #

000948