2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N39058

1. Entity Name
HOMEOWNERS ASSOCIATION OF SKY LAKE SOUTH UNITS SIX AND SEVEN, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 772243 ORLANDO, FL 32877-2243 US	POST OFFICE BOX 772243 ORLANDO, FL 32877-2243 US

DO NOT WRITE IN THIS SPACE

01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2937141

Applied F
Not Appl

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIRANDA, CHRIS
2902 WOOLRIDGE DR.
ORLANDO, FL 32837

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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 a the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEVENSON, BOB
STREET ADDRESS	11104 HAMBLEY AVE.
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	STD
NAME	MIRANDA, CHRIS
STREET ADDRESS	2902 WOOLRIDGE DR.
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VPD
NAME	ASHE, KINGA
STREET ADDRESS	3007 WOODWARD DR.
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/06-80021-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the inf 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 o 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 i changed, or on an attachment with an address, with all other like empowered.

407 855 6919

SIGNATURE: Christina M Miranda 1/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #