

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39058

FILED
Jan 12, 2008
Secretary of State

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

Current Principal Place of Business:

POST OFFICE BOX 772243
ORLANDO, FL 328772243 US

New Principal Place of Business:

3055 RAMSGATE CIRCLE
ORLANDO, FL 32837 US

Current Mailing Address:

POST OFFICE BOX 772243
ORLANDO, FL 328772243 US

New Mailing Address:

FEI Number: 59-2937141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRANDA, CHRISTINA
4890 US HWY 17-92 W
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEVENSON, BOB
Address: 11104 HAMBLEY AVE.
City-St-Zip: ORLANDO, FL 32837

Title: STD () Delete
Name: MIRANDA, CHRISTINA
Address: 2902 WOOLRIDGE DR.
City-St-Zip: ORLANDO, FL 32837

Title: VPD () Delete
Name: ASHE, KINGA
Address: 3007 WOODWARD DR.
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEVENSON, BOB
Address: PO BOX 772243
City-St-Zip: ORLANDO, FL 32877

Title: STD (X) Change () Addition
Name: MIRANDA, CHRISTINA
Address: 2902 WOOLRIDGE DR.
City-St-Zip: ORLANDO, FL 328372243

Title: VPD (X) Change () Addition
Name: ASHE, KINGA
Address: PO BOX 772243
City-St-Zip: ORLANDO, FL 328772243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA MIRANDA

STD

01/12/2008

Electronic Signature of Signing Officer or Director

Date