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95 APR 18 PM 11:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # N43831 (9)
1. Corporation Name
SKYLAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1166 PELICAN BAY DR.
DAYTONA BEACH FL 32119
US**

Mailing Address
**1166 PELICAN BAY DR.
DAYTONA BEACH FL 32119
US**

3. Date Incorporated or Qualified
06/12/1991

3a. Date of Last Report
04/13/1994

4. FEI Number
59-3070839

Applied For
 Not Applicable

2. Principal Place of Business
21 **103 A North Lake Dr**

2a. Mailing Address
26 **103 A North Lake Dr**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Diamond Beach FL

28 City & State
Diamond Beach, FL

24 Zip
32174

25 Country
USA

29 Zip
32174

30 Country
USA

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**NELSON MICHELE
1166 PELICAN BAY DR
DAYTONA BEACH FL 32119**

10. Name and Address of New Registered Agent

81 Name
Nancy D. Hapiulik

82 Street Address (P.O. Box Number is Not Acceptable)
Emerald Property Management, Inc

83
103 A North Lake Dr

84 City
Diamond Beach

85 State
FL

86 Zip Code
32174

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 **Nancy D. Hapiulik, Property Manager** **Nancy D. HAPIULIK** **4-14-95**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DV
GARN, TED
1150 PELICAN BAY DR.
DAYTONA BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DST
IRLAND, CHARLENE
1150 PELICAN BAY DR.
DAYTONA BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
ROSS, DOUGLAS R. J
1150 PELICAN BAY DR.
DAYTONA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: **Douglas R. Ross, Jr** **4/14/95** **984-432-4164**
Signature, typed or printed name of signing officer or director Date Telephone #