

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **103 A NORTH LAKE DR. ORMOND BEACH FL 32174 US**
Mailing Address: **103 A NORTH LAKE DR. ORMOND BEACH FL 32174 US**

3. Date Incorporated or Qualified: **06/12/1991**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3070839		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAPIUK, NANCY D DIVERSIFIED PROPERTY MMANAGEMENT INC. 103 A NORTH LAKE DRIVE ORMOND BEACH FL 32174				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Nancy D. Hapiuk, V President* DATE: **4/17/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		11 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARN, TED			12 NAME	Douglas R Ross, Jr		
STREET ADDRESS	1150 PELICAN BAY DR.			13 STREET ADDRESS	1150 Pelican Bay Dr		
CITY-ST-ZIP	DAYTINA BEACH FL			14 CITY-ST-ZIP	Daytona Beach, Fl. 32119		
TITLE	DST	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IRLAND, CHARLENE			22 NAME			
STREET ADDRESS	1150 PELICAN BAY DR.			23 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			24 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		31 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSS, DOUGLAS R. J			32 NAME	Ted H. Garn		
STREET ADDRESS	1150 PELICAN BAY DR.			33 STREET ADDRESS	1150 Pelican Bay Dr		
CITY-ST-ZIP	DAYTONA BEACH FL			34 CITY-ST-ZIP	Daytona Beach, Fl 32119		
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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* DATE: **4/18/96** DAYTONA PHONE #: **904-437-4164**

CR2E037 (12/95)