

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 403 A NORTH LAKE DR. ORMOND BEACH FL 32174 US	Mailing Address 103 A NORTH LAKE DR. ORMOND BEACH FL 32174-9234 US
---	--

2. Principal Place of Business 21 100 Plantation Bay Drive		2a. Mailing Address 26 100 Plantation Bay Drive		3. Date Incorporated or Qualified 06/12/1991	3a. Date of Last Report 04/26/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3070839	Applied For Not Applicable
City & State 23 Ormond Beach, FL		City & State 28 Ormond Beach, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 32174	Country 25 U.S.	Zip 29 32174	Country 30 U.S.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent HAPIUK, NANCY D DIVERSIFIED PROPERTY MMANAGEMENT INC. 103 A NORTH LAKE DRIVE ORMOND BEACH FL 32174				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 HAPIUK, NANCY D DIVERSIFIED PROPERTY MMANAGEMENT INC. 103 A NORTH LAKE DRIVE ORMOND BEACH FL 32174				10. Name and Address of New Registered Agent	
				81 Name Nancy D. Hapiuk	
				82 Street Address (P.O. Box Number is Not Acceptable) 100 Plantation Bay Drive	
				83	
				84 City Ormond Beach	85 Zip Code FL 32174

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* DATE: *4/25/97*

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 DV	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOUGLAS R. ROSS JR.		1.2 NAME Douglas R. Ross, Jr.	
STREET ADDRESS 1150 PELICAN BAY DR.		1.8 STREET ADDRESS 2359 Beville Road	
CITY-ST-ZIP DAYTONA BCH FL		1.4 CITY-ST-ZIP Daytona Beach, FL 32119	
TITLE DST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IRLAND, CHARLENE		2.2 NAME Charlene B. Irland	
STREET ADDRESS 1150 PELICAN BAY DR.		2.8 STREET ADDRESS 2359 Beville Road	
CITY-ST-ZIP DAYTONA BEACH FL		2.4 CITY-ST-ZIP Daytona Beach, FL 32119	
TITLE DP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TED H. GAIN		3.2 NAME Richard D. Smith	
STREET ADDRESS 1150 PELICAN BAY DR.		3.8 STREET ADDRESS 2359 Beville Road	
CITY-ST-ZIP DAYTONA BCH FL		3.4 CITY-ST-ZIP Daytona Beach, FL 32119	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.8 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.8 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.8 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

CRCE037 (9/96)