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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N4383

(9)

SKYLAKE ESTATES HOMEOWNERS' ASSOCIATION. INC

FILED May 19 1998 8:00am Secretary of State

| SKIENKE ESTATES TROPIESWALIS ASSOCIATION, INC. | | | | | | | | | A NAMESTAL OLI OLIGAN INDA MINDE MINDE MANDE | | | |
|--|--|----------------------|---|-------------|---|---------------------|----------------------|-------------|--|--------------------|-------------------------------|--|
| Principal Place of Business | | | | | Mailing Address | | | | 1 18811101 011 01000 11101 F5100 11101 11101 1 | OTOUL DIGNE DICH | 41017 01611 01011 1001 | |
| 100 PLANTATION BAY DR ORMOND BEACH FL 32174 US | | | | | 100 PLANTATION BAY DR. ORMOND BEACH FL 32174 US | | | | Date Incorporated or Qualified 06/12/1991 | | | |
| | | | | | | | | 4. | 59-3070839 | | Applied For Not Applicable | |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | _ | \$8 | 3.75 Additional | |
| State And Higher | | | | 26 | | | | | | | Fee Required | |
| 22 | | | | | Suite, Apt. #, etc. | | | | Election Campaign Financing Trust Fund Contribution | | 5.00 May Be dded to Fees | |
| 23 | City & State | ity & State | | | City & State | | | 7. | 7. Is this nonprofit corporation a homeowners association? Yes No | | | |
| | Zip | | Country | Zip | р | Cour | ntry | 8. | . This corporation owes or has paid t | the current y | | |
| 24 | | | 25 | 29] | ad Agant | 30 | | | Personal Property Tax due June 30 | | | |
| 9. Name and Address of Current Registered Agent 8 | | | | | | | | <u> 10.</u> | Name and Address of New Regis | tered Agen | <u> </u> | |
| ELADRIEV ALAMOV D | | | | | | | | Ca | ncy D. Hapu | <u>ue</u> | | |
| 100 PLANTATION BAY DRIVE | | | | | | | 82 Street Add | dress (| R On Box Number is Not Asceptable) | w D | ノ | |
| | -100 A N | DRÍTH LAK | E DRIVE | | 83 | | | | | | | |
| | ORMONE | BEACH I | FL 32174 | | 84 City | | | n se | would Boach FL 85 Zip Code | | | |
| 11 | 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 | | | | | | | | | | | |
| | office of 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, Segton 617.0503, Florida Statutes. | | | | | | | | | | | |
| SIGNATURE Marcy D. Hasuk Community assn Mar 4/29/98 | | | | | | | | | | | | |
| 12 | | Signature, typed | d or partied name of registered agunt OFFICERS AND | | | E: Registered | Agent signeture requ | | an reinstating) ADDITIONS/CHANGES TO OFFICER | DATE S AND DIRE | ECTORS IN 12 | |
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| NA | ME | ROSS, (| DOUGLAS R JR. | | / | 1.2 NA | | | PRESTON | | | |
| STE | BEET ADDRESS | 2359 BE | EVILLE RD. | | | 1.3 STF | EET ADDRESS | 95 | | \mathcal{DR}_{C} | _ | |
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| | REET ADDRESS | - , | EVILLE RD. | | | | EET ADDRESS | 700 | 53 KENDREW | DR | • | |
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| | Y-ST-ZIP | | | | | | Y-ST-ZIP | | | | | |
| | I haraby o | orlify that th | e information supplied with | this filing | does not qualify to | ar the aver | nation stated is | n Sectio | on 119.07(3)(i), Florida Statutes. I furt | ther certify the | nat 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 register of 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 or an enactorise with an address. | | | | | | | | | | | |

A.A...

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