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Apr 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N43831 1. Corporation Name SKYLAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 100 PLANTATION BAY DR ORMOND BEACH FL 32174 US	Mailing Address 100 PLANTATION BAY DR. ORMOND BEACH FL 32174 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/12/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3070839
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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 100 PLANTATION BAY DRIVE ORMOND BEACH FL 32174	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____
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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, S L	1.2 NAME	BARKER, DIANE
STREET ADDRESS	5950 KENDREW DRIVE	1.3 STREET ADDRESS	5967 BOGGSFORD ROAD
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, GARY	2.2 NAME	WILLIAMS, JOHN D.
STREET ADDRESS	998 GRASSY RIDGE	2.3 STREET ADDRESS	5969 BOGGSFORD ROAD
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTUNDA, THOMAS P	3.2 NAME	NEWMAN, HOLLIE
STREET ADDRESS	5953 KENDREW DRIVE	3.3 STREET ADDRESS	5955 MARVILLE CIRCLE
CITY-ST-ZIP	PORT ORANGE FL 32127	3.4 CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 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		5.3 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		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered

SIGNATURE: Diane Barker **SIGNATURE REQUIRED** Diane Barker Date _____ Daytime Phone # _____

CR2E037 (1/1/98)