

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90390 046 \*\*\*\*61.25

**DOCUMENT # N43831**

1. Entity Name

**SKYLAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**100 PLANTATION BAY DR  
 ORMOND BEACH FL 32174  
 US**

**100 PLANTATION BAY DR.  
 ORMOND BEACH FL 32174  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3070839**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAPIUK, NANCY D  
 100 PLANTATION BAY DRIVE  
 ORMOND BEACH FL 32174**

Name **Nelson & Selwitz**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1166 Pelican Bay Dr**  
**DAYTONA BEACH**  
 City

**FL**

Zip Code  
**32119**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Coyler Bleecker*

*Coyler Bleecker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BARKER, DIANE	
STREET ADDRESS	5987 BOGGSFORD ROAD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JOHN D	
STREET ADDRESS	5969 BOGGSFORD ROAD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROTUNDA, TOM	
STREET ADDRESS	5953 KENDREW DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bleeker, Coyler	
STREET ADDRESS	5953 Kendrew Dr	
CITY-ST-ZIP	Port Orange, FL 32127	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wagne, Gilbert	
STREET ADDRESS	5942 Manville Circle	
CITY-ST-ZIP	Port Orange, FL 32127	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parson, Sarah	
STREET ADDRESS	997 Glassy Ridge	
CITY-ST-ZIP	Port Orange, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Coyler Bleecker* **SIGNATURE REQUIRED** *Coyler Bleecker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)