## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43831

FILED Apr 20, 2004 Secretary of State

Entity Name: SKYLAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1166 PELICAN BAY DR.

DAYTONA BEACH, FL 32119 US

Current Mailing Address: New Mailing Address:

1166 PELICAN BAY DR.

DAYTONA BEACH, FL 32119 US

FEI Number: 59-3070839 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NELSON & SELWITY

1166 PELICAN BAY DR

BARKIN, MICHELE

1166 PELICAN BAY DR

DAYTONA BEACH, FL 32119 US DAYTONA BEACH, FL 32119 US

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: MICHELE BARKIN 04/20/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 BLEEKER, CUYLER
 Name:
 BARKER, DIANE

 Address:
 5959 KENDREW DR
 Address:
 5967 BOGGSFORD ROAD

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32127

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 GAGNE, GILBERT
 Name:
 PATRIGANI, LOUIS

 Address:
 5941 MARVILLE CIRCLE
 Address:
 996 GRASSY RIDGE

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32127

Title: DST ( ) Delete Title: DST (X) Change ( ) Addition

 Name:
 PARSONS, SARAH
 Name:
 LASKY, ROBÍN

 Address:
 997 GRASSY RIDGE
 Address:
 5947 MARVILLE CIRCLE

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE BARKER P 04/20/2004