

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43831

FILED
Mar 02, 2006
Secretary of State

Entity Name: SKYLAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DR.
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DR.
DAYTONA BEACH, FL 32119 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARKER, DIANE
Address: 5967 BOGGSFORD ROAD
City-St-Zip: PORT ORANGE, FL 32127

Title: VD () Delete
Name: PATRIGANI, LOUIS
Address: 996 GRASSY RIDGE
City-St-Zip: PORT ORANGE, FL 32127

Title: DST () Delete
Name: LASKY, ROBIN
Address: 5947 MARVILLE CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: BARKER, DIANE
Address: 5967 BOGGSFORD ROAD
City-St-Zip: PORT ORANGE, FL 32127

Title: PD (X) Change () Addition
Name: GAGNE, GILL
Address: 5941 MARVILLE CIR.
City-St-Zip: PORT ORANGE, FL 32127

Title: DST (X) Change () Addition
Name: PARSONS, TOM
Address: 997 GRASSY RIDGE
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 Chapter 119, 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: GILL GAGNE

PD

03/02/2006

Electronic Signature of Signing Officer or Director

_____ Date