

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43831

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** SKYLAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6156 SABAL POINT CIR  
PT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 291282  
PT ORANGE, FL 32128

**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:**

KOCH, KAREN  
6156 SABAL POINT CIR  
PT ORANGE, FL 32128 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: PD  
Name: LASKY, ROBIN  
Address: 5947 DORAVILLE  
City-St-Zip: PORT ORANGE, FL 32127

Title: VP  
Name: FERGUSON, LINDA  
Address: 5951 MARVILLE CIR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: ST  
Name: STEFANICK, MIKE  
Address: 5961 MARVILLE CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: ROBIN LASKY

PD

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date