FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000762 (6)

1. Corporation Name

SKYLARK RO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2725 PARK DR STE. 3 CLEARWATER FL 34623 US	SKYLARK R.O. ASSOC. 2526 S.R. 580E CLEARWATER FL 34621 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1992

3a. Date of Last Report: 04/22/1994

4. FEI Number: 59-3162412 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREE, E. LEBRON
2725 PARK DRIVE, SUITE 4
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SUNGAIL, JOHN P	1.2 NAME	SCHEULEN, EDWIN E.	
STREET ADDRESS	2526 S.R. 580R LOT 301	1.3 STREET ADDRESS	2526 S.R. 580E LOT 707	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	SCHEULEN, EDWIN E	2.2 NAME	SUNGAIL, JOHN P.	
STREET ADDRESS	2526 S.R. 580E LOT 707	2.3 STREET ADDRESS	2526 S.R. 580E LOT 301	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	HUTTON, AL	3.2 NAME		
STREET ADDRESS	2526 S.R. 580E LOT 719	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, AGNES J	4.2 NAME		
STREET ADDRESS	2526 S.R. 580E LOT 128	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	CORNWELL, HELEN	5.2 NAME		
STREET ADDRESS	2526 STATE RD 580 E, LOT 501	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Edwin E. Scheulen 3/1/95 (813) 796-1492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Edwin E. Scheulen - Board President

0088483