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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000762

1. Corporation Name

SKYLARK RO ASSOCIATION, INC.

Principal Place of Business

SKYLARK R.O. ASSOCIATION
2526 S.R. 580 E
CLEARWATER FL 34621
US

Mailing Address

SKYLARK R.O. ASSOCIATION
2526 S.R. 580 E
CLEARWATER FL 34621
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/14/1992

4. FEI Number

59-3162412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TEEVAN, RONALD P
200 NORTH GARDEN AVENUE
SUITE A
CLEARWATER FL 34615

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HUBBARD, JOHN K	
STREET ADDRESS	2526 SR 580E LOT 215	
CITY-ST-ZIP	CLEARWATER FL 33761	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, RICHARD M	
STREET ADDRESS	2526 SR 580E LOT 702	
CITY-ST-ZIP	CLEARWATER FL 33761	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HUTTON, AL	
STREET ADDRESS	2526 S.R. 580E LOT 719	
CITY-ST-ZIP	CLEARWATER FL 33761	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WOLFE, ALFRED	
STREET ADDRESS	2526 S.R. 580E, LOT 412	
CITY-ST-ZIP	CLEARWATER FL 33761	

TITLE	S	<input type="checkbox"/> DELETE
NAME	CORNWELL, HELEN	
STREET ADDRESS	2526 STATE RD 580 E, LOT 501	
CITY-ST-ZIP	CLEARWATER FL 33761	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUBBARD, JOHN	
1.3 STREET ADDRESS	2526 SR 580E LOT 215	
1.4 CITY-ST-ZIP	CLEARWATER, FL. 33761	

2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BROWN, RICHARD M.	
2.3 STREET ADDRESS	2526 S.R. 580E LOT 702	
2.4 CITY-ST-ZIP	CLEARWATER, FL. 33761	

3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	YONTECK, FRED	
3.3 STREET ADDRESS	2831 LANDOVER DRIVE	
3.4 CITY-ST-ZIP	CLEARWATER, FL. 33761	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CORBETT, DOUGLAS	
5.3 STREET ADDRESS	2526 S.R. 580E LOT 311	
5.4 CITY-ST-ZIP	CLEARWATER, FL. 33761	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)