

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90093 005 \*\*\*\*61.25

**DOCUMENT # N99000003076**

1. Entity Name

**SKYLAKE HOMEOWNER'S, INC.**

Principal Place of Business <b>1001 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH FL 33162</b>	Mailing Address <b>1001 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH FL 33162-3842</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0928840** Applied For  Not Applied For

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

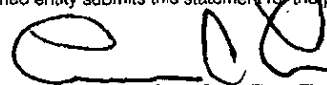
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCE, LAWRENCE A**  
**1001 NORTH MIAMI BEACH BLVD.**  
**NORTH MIAMI BEACH FL 33162**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** | Zip Code \_\_\_\_\_

8. 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  **LAWRENCE A. FRANCE** DATE **4/2/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FRANCE, LAWRENCE A</b> <b>1001 NORTH MIAMI BEACH BLVD.</b> <b>NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>SCHENKER, GREGORY</b> <b>2090 N.E. 196TH TERRACE</b> <b>NORTH MIAMI BEACH FL 33179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GOLDFARB, FRANK</b> <b>2040 N.E. 194TH DRIVE</b> <b>NORTH MIAMI BEACH FL 33179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SCHENKER, LAURIE</b> <b>2090 N.E. 196TH TERRACE</b> <b>NORTH MIAMI BEACH FL 33179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANCE, NANCY</b> <b>1001 NORTH MIAMI BEACH BLVD.</b> <b>NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GREGORY A. FRANCO** DATE **4/2/2000** DAYTIME PHONE # **(305) 949-5009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR