

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90193 042 ****61.25

A0072859

DOCUMENT # N99000003076

1. Entity Name
SKYLAKE HOMEOWNER'S, INC.

Principal Place of Business Mailing Address
1001 NORTH MIAMI BCH BLVD 1001 N MIAMI BCH BL
N MIAMI BEACH, FL 33162 N MIAMI BCH, FL
33162

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 Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANCE, LAWRENCE A
1001 NORTH MIAMI BEACH BLVD
N MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

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 **05/ 16/2001** DATE

Signature, typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating

LAWRENCE A. FRANCE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANCE, LAWRENCE A	
STREET ADDRESS	1001 N MIAMI BEACH BLVD.	
CITY-ST-ZIP	NORTH MIAMI BCH., FL 33162	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHENKER, GREGORY	
STREET ADDRESS	2090 NE 198 TERRACE	
CITY-ST-ZIP	N MIAMI BCH., FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDFARB, FRANK	
STREET ADDRESS	2040 NE 194 DRIVE	
CITY-ST-ZIP	N MIAMI BCH., FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHENKER, LAURIE	
STREET ADDRESS	2090 NE 198 TERRACE	
CITY-ST-ZIP	N MIAMI BCH., FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCE, NANCY	
STREET ADDRESS	1001 N MIAMI BEACH BLVD.	
CITY-ST-ZIP	N MIAMI BEACH, FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:  **05/16/2001** **(305) 949-5009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LAWRENCE A. FRANCE **05/16/2001** **(305) 949-5009**

CR2E037 (1/1/00)