


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003076

1. Entity Name
 SKYLAKE HOMEOWNER'S, INC.



Principal Place of Business 1001 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH, FL 33162	Mailing Address 1001 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH, FL 33162
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01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0928840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  LAWRENCE A. FRANCE DATE 1/19/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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


000000021238
 01/29/04-88101-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCE, LAWRENCE A 1001 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHENKER, GREGORY 2090 N.E. 196TH TERRACE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINANCE, NANCY 1001 N. MIAMI BEACH BLVD MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHENKER, LAURIE 2090 N.E. 196TH TERRACE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCE, NANCY 1001 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  LAWRENCE A. FRANCE DATE 1/19/04 DAYTIME PHONE # 305-949-5009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR