


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90046 016 ****61.25

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

40005135



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0928840

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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

SIGNATURE _____ DATE _____
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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANCE, LAWRENCE A	
STREET ADDRESS	1001 NORTH MIAMI BEACH BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHENKER, GREGORY	
STREET ADDRESS	2090 N.E. 196TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FINANCE, NANCY	
STREET ADDRESS	1001 N. MIAMI BEACH BLVD	
CITY-ST-ZIP	MIAMI, FL 33162	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHENKER, LAURIE	
STREET ADDRESS	2090 N.E. 196TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCE, NANCY	
STREET ADDRESS	1001 NORTH MIAMI BEACH BLVD.	
CITY-ST-ZIP	NORTH 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	France Nancy	
STREET ADDRESS	1001 No. Miami Beach Blvd.	
CITY-ST-ZIP	North Miami Beach, FL 33162	
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: _____ **Date:** 1/19/05 **Daytime Phone #:** 305 935 8733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR