


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 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**



03192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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


**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 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHENKER, LAURIE 2090 N.E. 196TH TERRACE NORTH MIAMI BEACH, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCE, NANCY 1001 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/13/06-80073-013 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **3/20/06** **305-949-5009**

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