


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90111 036 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

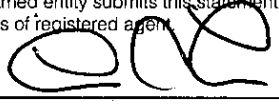
4. FEI Number **65-0928840**
Applied For
 Not Applicable

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  **LAWRENCE A. FRANCE** **3/24/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	GOLDFARB, FRANK	
STREET ADDRESS	2040 N.E. 194TH DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY FRANCE	
STREET ADDRESS	1001 NO. MIAMI BEACH BLVD	
CITY-ST-ZIP	NO. M. BEACH, FLA. 33162	
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:  **LAWRENCE A. FRANCE** **3/24/03** **305-949-5009**

CR2E037 (10/02)