

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43831

**Entity Name:** SKYLAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5889 S WILLIAMSON BLVD STE 1301  
PT ORANGE, FL 32128

**Current Mailing Address:**

5889 S WILLIAMSON BLVD STE 1301  
PT ORANGE, FL 32128 US

**FEI Number:** 59-3070839

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEBER, CHERYL  
5889 S WILLIAMSON BLVD STE 1301  
PT ORANGE, FL 32128 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            LASKY, ROBIN  
Address        5947 DORAVILLE  
City-State-Zip: PORT ORANGE FL 32127

Title            VP  
Name            FERGUSON, LINDA  
Address        5951 MARVILLE CIR.  
City-State-Zip: PORT ORANGE FL 32127

Title            PD  
Name            STEFANICK, MIKE  
Address        5961 MARVILLE CIRCLE  
City-State-Zip: PORT ORANGE FL 32127

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIKE STEFANICK

**PRESIDENT**

**01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date