


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009092			
1. Entity Name SKYLOFTS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 20700 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180 US		Mailing Address 20700 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOLDMAN, DAVID E 20700 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, GARY B	NAME	
STREET ADDRESS	20700 WEST DIXIE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	CITY-ST-ZIP	U00000283817 04/01/05-80042-014 61.25
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, DAVID E	NAME	
STREET ADDRESS	20700 WEST DIXIE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	CITY-ST-ZIP	
TITLE	S/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEN, ALAN	NAME	
STREET ADDRESS	20700 WEST DIXIE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: <i>David E Goldman</i>		DAVID E. GOLDMAN 03/25/05 (305) 935-6277	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Day Date Daytime Phone #</small>	



1st MOORE CR2E037 (10/04)

4. FEI Number 20-0607571 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required