


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000009092

1. Entity Name
 SKYLOFTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

20700 WEST DIXIE HIGHWAY 20700 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH, FL 33180 US NORTH MIAMI BEACH, FL 33180 US



02152006 No Chg-NP CR2E037 (11/05)

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4. FEI Number Applied For
 20-0607571 Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMAN, DAVID E
 20700 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH, FL 33180

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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, 2006

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | P |
| NAME | GOLDMAN, GARY B |
| STREET ADDRESS | 20700 WEST DIXIE HIGHWAY |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33180 |
| TITLE | VP |
| NAME | GOLDMAN, DAVID E |
| STREET ADDRESS | 20700 WEST DIXIE HIGHWAY |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33180 |
| TITLE | S/T |
| NAME | MACKEN, ALAN |
| STREET ADDRESS | 20700 WEST DIXIE HIGHWAY |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33180 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

00000439734
 03/02/06-80013-010 61.25

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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: *David E Goldman* 2/15/06 305-9356277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #