2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State
03-26-2007 90072 001 ****61.25

DOCUMENT # N01000008864

1. Entity Name
THE SKYLARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
865 COLLINS AVENUE MIAMI BEACH, FL 33139	C/O BLUESKY 723 14TH PLACE SUITE #9 MIAMI BEACH, FL 33139

01052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 80-0005943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEYROWITZ, ANDREW C/O DCI 2035 HARDING STREET - STE 200 HOLLYWOOD, FL 33020	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
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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOSEL, STEPHEN 865 COLLINS AVE # 307 MIAMI BEACH, FL 33139	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.T.D FORCE, MARY 444 WHITE OAK SHADE ROAD NEW CANAAN, CT 06804	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SAADA, JAMES F 865 COLLINS AVE MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D SAADA, JAMES F C/O SKYLARK DEV. CORP 2025 TYLER ST. HOLLYWOOD, FL 33020	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS SAADA, MARK 865 COLLINS AVE MIAMI BEACH, FL 33139	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SAADA, PHILIP 1621 SO. 21 AVE HOLLYWOOD, FL 33020	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: James L. SAADA 3-15-07 954 394 7023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #