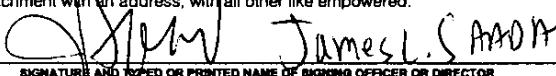


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 865 COLLINS AVENUE MIAMI BEACH, FL 33139			Mailing Address C/O BLUESKY 723 14TH PLACE SUITE #9 MIAMI BEACH, FL 33139		
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	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW C/O DCI 2035 HARDING STREET - STE 200 HOLLYWOOD, FL 33020			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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	DP SAADA, JAMES F 865 COLLINS AVE MIAMI BEACH, FL 33139	☐ Delete			
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	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ 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	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	V.P.D SAADA, PHILIP 1621 SO. 21 AVE HOLLYWOOD, FL 33020	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ 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					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 3-15-07 Daytime Phone # 954 394 7023	