2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# N01000008864

Entity Name: THE SKYLARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

865 COLLINS AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O BLUESKY 723 14TH PLACE
SUITE #9
MIAMI BEACH, FL 33139

New Mailing Address:

C/O REGATTA REAL ESTATE MANAGEMENT
309 23RD STREET, SUITE 300
MIAMI BEACH, FL 33139

FEI Number: 80-0005943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MEYROWITZ, ANDREW
C/O DCI
2035 HARDING STREET - STE 200
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

REGATTA REAL ESTATE MANAGEMENT
309 23RD STREET
SUITE 300
MIAMI BEACH, FL 33139 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: TIMOTHY VODA 07/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SAADA, JAMES F
Address: 2025 TYLER ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: STD ( ) Delete
Name: FORCE, MARY
Address: 444 WHITE OAK SHADE RD
City-St-Zip: NEW CANAAN, CT 06804

Title: VPD ( ) Delete
Name: SAADA, PHILIP
Address: 1621 SOUTH 21ST AVE
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SAADA, JAMES F
Address: 865 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD (X) Change ( ) Addition
Name: FORCE, MARY
Address: 865 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD (X) Change ( ) Addition
Name: SAADA, PHILIP
Address: 865 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES SAADA P 07/30/2009
Electronic Signature of Signing Officer or Director — Date