FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90737 018 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70040233

DOCUMENT # N01000008864

1. Entity Name
THE SKYLARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
865 COLLINS AVE MIAMI BEACH, FL 33139	865 COLLINS AVE MIAMI BEACH, FL 33139

2. Principal Place of Business	3. Mailing Address
723 14th PL	c/o BLUESKY 723 14th PL
Suite, Apt. #, etc. STE #9	Suite, Apt. #, etc. STE #9
City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33139 Country	Zip 33139 Country

[redacted]

☒ CHECK HERE IF MAKING CHANGES

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
STONE, ADELE I 1946 TYLER STREET HOLLYWOOD, FL 33020	Name: BLUE SKY REAL ESTATE MANAGEMENT INC Street Address (P.O. Box Number is Not Acceptable): 723 14th PL City: MIAMI BEACH PL, STE# 9 FL Zip Code 33139

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] 4/6/03
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW: FEE IS $61.25

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	DV SAADA, PHILIP F 865 COLLINS AVE MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ 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	☐ 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

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Philip Saada PHS 4/6/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #