2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N02000006943

Entity Name: SKY RESIDENCES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

400 ARTHUR GODFREY ROAD SUITE 200
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

400 ARTHUR GODFREY ROAD SUITE 200
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 42-1534667 **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:

REGISTERED AGENTS OF FLORIDA, LLC
100 SE SECOND STREET SUITE 3500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHEPPARD, ERIC D
Address: 400 ARTHUR GODFREY ROAD SUITE 200
City-St-Zip: MIAMI BEACH, FL 33140

Title: VSTD ( ) Delete
Name: WOLMAN, PHIL
Address: 400 ARTHUR GODFREY ROAD SUITE 200
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD ( ) Delete
Name: UTNER, DIETER
Address: 400 ARTHUR GODFREY ROAD SUITE 200
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIC D. SHEPPARD PD 05/02/2005

Electronic Signature of Signing Officer or Director — Date