

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90328 040 ****61.25

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1. Entity Name
SKY RESIDENCES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
400 ARTHUR GODFREY ROAD SUITE 200
MIAMI BEACH, FL 33140

Mailing Address
400 ARTHUR GODFREY ROAD SUITE 200
MIAMI BEACH, FL 33140

40083685



DO NOT WRITE IN THIS SPACE

03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
42-1534667

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHEPPARD, ERIC D
STREET ADDRESS 400 ARTHUR GODFREY ROAD SUITE 200
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VSTD
NAME WOLMAN, PHIL
STREET ADDRESS 400 ARTHUR GODFREY ROAD SUITE 200
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VD
NAME UTNER, DIETER
STREET ADDRESS 400 ARTHUR GODFREY ROAD SUITE 200
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, changed, or on an attachment with an address, with all other like empowered.