2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009092

FILED Jan 05, 2012 Secretary of State

Entity Name: SKYLOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

100 EAST LINTON BOULEVARD 100 EAST LINTON BOULEVARD

SUITE 504 B SUITE 308 A

DELRAY BEACH, FL 33483 US DELRAY BEACH, FL 33483 US

Current Mailing Address: New Mailing Address:

100 EAST LINTON BOULEVARD SUITE 504 B 100 EAST LINTON BOULEVARD SUITE 308 A

DELRAY BEACH, FL 33483 US DELRAY BEACH, FL 33483 US

FEI Number: 20-0607571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'BRIEN, JAMES M
100 EAST LINTON BOULEVARD
SUITE 504 B
DELRAY BEACH, FL 33483 US
O'BRIEN, JAMES M
100 EAST LINTON BOULEVARD
SUITE 308 A
DELRAY BEACH, FL 33483 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: JAMES M. O'BRIEN 01/05/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: MAILEY, MATTHEW

Address: 1789 MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP

Name: MACKEN, ALAN S

Address: 1791 MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: S/T

Name: GOLDMAN, GARY

Address: 1789 MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW MAILEY P 01/05/2012