

Amended

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400004762

1. Entity Name
The Sails-Condominium Association, Inc.

Principal Place of Business **Mailing Address** SAME
 c/o Landmark Companies
 1130 Washington Avenue, 4th Floor
 Miami Beach, Florida 33139

2. Principal Place of Business 1401 Bay Road Suite, Apt. #, etc. Unit #305	3. Mailing Address 1401 Bay Road Suite, Apt. #, etc. Unit #305
--	--

City & State Miami Beach, Florida	City & State Miami Beach, Florida 33139
Zip 33139	Country USA

4. FEI Number 650566599 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Robert F. Saland, Landmark Companies
 1130 Washington Avenue, 4th Floor
 Miami Beach, Florida 33139

7. Name and Address of New Registered Agent
 Name: Tony D'Amato
 Street Address (P.O. Box Number is Not Acceptable): 1401 Bay Road
 Unit #305
 City: Miami Beach **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.

SIGNATURE *[Signature]* *[Signature]* **DATE** 12/21/01

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DPT	<input checked="" type="checkbox"/> Delete
NAME Robert F. Saland	
STREET ADDRESS 1130 Washington Avenue, 4th Floor	
CITY-ST-ZIP Miami Beach, FL 33139	
TITLE DV	<input checked="" type="checkbox"/> Delete
NAME Debra Saland	
STREET ADDRESS 1130 Washington Avenue, 4th floor	
CITY-ST-ZIP Miami Beach, FL 33139	
TITLE DS	<input type="checkbox"/> Delete
NAME Francisco Rojo	
STREET ADDRESS 1130 Washington Avenue, 4th floor	
CITY-ST-ZIP Miami Beach, FL 33139	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Tony D'Amato	
STREET ADDRESS 1401 Bay Road, Unit #305	
CITY-ST-ZIP Miami Beach, FL 33139	
TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Hector Hernandez	
STREET ADDRESS 1401 Bay Road, Unit # 409	
CITY-ST-ZIP Miami Beach, FL 33139	
TITLE S1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Joe Pena	
STREET ADDRESS 1401 Bay Road, Unit #408	
CITY-ST-ZIP Miami Beach, FL 33139	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Alex Haralambides	
STREET ADDRESS 1401 Bay Road, #512	
CITY-ST-ZIP Miami Beach, FL 33139	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 licensor or trustee empowered to execute this report as required by Chapter 817, 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: *[Signature]* *[Signature]* **Date** 12/21/01 **Daytime Phone #** 305-538-9552

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01 DEC 13 AM 10:12

000004739980--3
 -12/26/01--01103--011
 *****61.25 *****61.25
 DO NOT WRITE IN THIS SPACE

CR02037 (11/00)