


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004762

1. Entity Name
THE SAILS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1401 BAY ROAD UNIT #305 MIAMI BEACH, FL 33139	Mailing Address 145 MADEIRA AVENUE 206 CORAL GABLES, FL 33134
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01202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

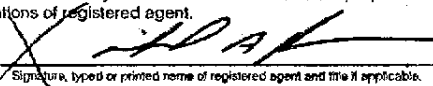
4. FEI Number 65-0566599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE SHELTON MANAGEMENT GROUP
 145 MADEIRA AVENUE
 206
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

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:  DATE: 2/6/06

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

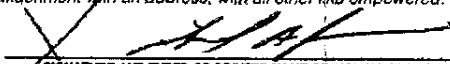
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOREMAN, MICHAEL 1401 BAY ROAD, UNIT 204 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VASCONCELOS, YVETTE 1401 BAY ROAD # 205 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GACAO, GISELLA 1401 BAY ROAD, UNIT 403 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, ADRIAN 1401 BAY ROAD # 208 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELIKANO, WILLIAM 1401 BAY ROAD # 203 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/21/06-80068-011 61.25

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

SIGNATURE:  DATE: 2/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR