


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90057 008 ****61.25

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**

90100120



2. Principal Place of Business - No P.O. Box #
same as above

3. Mailing Address
same as above

Suite, Apt. #, etc.

04232007 Chg-NP CR2E037 (12/06)

City & State

Zip Country

4. FEI Number
65-0566599

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name: **SWANA F. KUSSEROW**

Street Address (P.O. Box Number is Not Applicable):
**145 Madeira Avenue
 #206**

City: **Coral Gables** FL Zip Code: **33134**

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: *Swana F. Kussierow* DATE: **4/10/07**

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ADRIAN	
STREET ADDRESS	1401 BAY ROAD, UNIT 208	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAO, VERONICA	
STREET ADDRESS	1401 BAY ROAD # 410	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	PELEKANOS, WILLIAM	
STREET ADDRESS	1401 BAY ROAD, UNIT 203	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	VASCONCELOS, YVETTE	
STREET ADDRESS	1401 BAY ROAD # 205	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	PONCE, GASPAR	
STREET ADDRESS	1401 BAY ROAD # 501	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Paime Pequena</i>	
STREET ADDRESS	<i>1401 Bay Road #210</i>	
CITY-ST-ZIP	<i>MIAMI BEACH, FL 33139</i>	
TITLE	<i>VD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Charles Penan</i>	
STREET ADDRESS	<i>1401 Bay Road #207</i>	
CITY-ST-ZIP	<i>MIAMI BEACH, FL 33139</i>	
TITLE	<i>T</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Gisela Tacco</i>	
STREET ADDRESS	<i>1401 Bay Road #403</i>	
CITY-ST-ZIP	<i>MIAMI BEACH, FL 33139</i>	
TITLE	<i>S</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Edma Diaz</i>	
STREET ADDRESS	<i>1401 Bay Road #402</i>	
CITY-ST-ZIP	<i>MIAMI BEACH, FL 33139</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>GUSTAVO GODOY</i>	
STREET ADDRESS	<i>1401 Bay Road #504</i>	
CITY-ST-ZIP	<i>MIAMI BEACH, FL 33139</i>	
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 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: *Paime Pequena* DATE: **4/24/07** DAYTIME PHONE #: **305-389-8939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR