

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004762

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE SAILS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1401 BAY ROAD
UNIT #305
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

275 FONTAINEBLEAU BLVD.
200
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0566599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, MURRAY
275 FONTAINEBLEAU BLVD
200
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PENAN, CHARLES
Address: 1401 BAY ROAD #207
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD () Delete
Name: RICATTI, JENNIFER
Address: 1401 BAY ROAD #311
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: HOOD, LINDA
Address: 1401 BAY ROAD #305
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: SCHENK, MELISSA
Address: 1401 BAY ROAD #212
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: GODOY, GUSTAVO
Address: 1401 BAY ROAD #504
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES PENAN

PD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date