

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90120 045 ****61.25

DOCUMENT # N94000004762

1. Entity Name
THE SAILS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1401 BAY ROAD UNIT #305 MIAMI BEACH FL 33139 **1401 BAY ROAD UNIT #305 MIAMI BEACH FL 33139**



2. Principal Place of Business Suite, Apt. #, etc. City & State
3. Mailing Address Suite, Apt. #, etc. City & State
TIMBERLAKE MANAGEMENT 6001 N.W. 36 Street, Suite 385 Miami, Florida 33166-6959

CHECK HERE IF MAKING CHANGES

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
D'AMATO, TONY 1401 BAY ROAD UNIT #305 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name **L. Blazer and Associates, P.A.**
Street Address (P.O. Box Number is Not Acceptable) **1920 E. Hallandale Bch. Blvd. #806**
City **Hallandale** FL Zip Code **33009**

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 *[Signature]* **President** DATE **2-23-03**

FILE NOW: FEE IS \$61.25

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	D'AMATO, TONY	
STREET ADDRESS	1401 BAY ROAD, UNIT 305	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, HECTOR	
STREET ADDRESS	1401 BAY ROAD, UNIT 409	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PENA, JOE	
STREET ADDRESS	1401 BAY ROAD, UNIT 408	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HARALAMBIDES, ALEX	
STREET ADDRESS	1401 BAY ROAD, UNIT 512	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gold, Juliette	
STREET ADDRESS	1401 Bay Road Apt 206	
CITY-ST-ZIP	M.B., FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: **SIGNATURE REQUIRED JOE PENNA 2/12/03 305-371-2711**

CR2E037 (10/02)