

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N94000004762

**Entity Name:** THE SAILS CONDOMINIUM ASSOCIATION, INC.

**FILED  
Mar 10, 2017  
Secretary of State  
CC8606735885**

**Current Principal Place of Business:**

1401 BAY ROAD  
UNIT #305  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O SOLSTICE RESIDENTIAL SOUTH, LLC ; ATTN: RENEE HOROWITZ  
257 PARK AVENUE SOUTH SUITE 303  
NEW YORK, NY 10010 US

**FEI Number: 65-0566599**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SOLSTICE RESIDENTIAL SOUTH, LLC  
SOLSTICE RESIDENTIAL SOUTH, LLC  
701 BRICKELL AVENUE SUITE 1490  
MIAMI, FL 33131 US

*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: ALEX KALAJIAN, COO**

**03/10/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PENAN, CHARLES  
Address        1401 BAY ROAD  
                  APT. #207  
City-State-Zip: MIAMI BEACH FL 33139

Title            VP  
Name            SCHENK, MELISSA  
Address        1401 BAY ROAD  
                  APT. #212  
City-State-Zip: MIAMI BEACH FL 33139

Title            SECRETARY  
Name            CALVA, RAINE  
Address        1401 BAY ROAD  
                  APT. #513  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIRECTOR  
Name            MARTIRENA, MICHAEL  
Address        1401 BAY ROAD  
                  APT. 413  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIRECTOR  
Name            WATSON, DIANA  
Address        1401 BAY ROAD  
                  APT. #206  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby 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 all other like empowered.*

**SIGNATURE: CHARLES PENAN**

**PRESIDENT**

**03/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date