# SIGNATURE: CHARLES PENAN

Electronic Signature of Signing Officer/Director Detail

named entity submits this statement for the purpose of changing its registered office or registered a					
TURE:					
Electronic Signature of Registered Agent					
Director Detail :					

SOLSTICE RESIDENTIAL SOUTH, LLC 701 BRICKELL AVE STE 1490 MIAMI, FL 33131 US

City-State-Zip: MIAMI BEACH FL 33139

Name and Address of Current Registered Agent:

**Current Mailing Address:** 

DOCUMENT# N9400004762

C/O SOLSTICE RESIDENTIAL SOUTH, LLC ; ATTN: RENEE HOROWITZ

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: THE SAILS CONDOMINIUM ASSOCIATION, INC.

### **Current Principal Place of Business:** 701 BRICKELL AVE STE 1490

MIAMI, FL 33131

REPORT

257 PARK AVENUE SOUTH SUITE 303 NEW YORK, NY 10010 US

# FEI Number: 65-0566599

The above gent, or both, in the State of Florida.

### SIGNAT

## Officer/I

Title	PRESIDENT	Title	VP	
Name	PENAN, CHARLES	Name	SCHENK, MELISSA	
Address	1401 BAY ROAD APT. #207	Address	1401 BAY ROAD APT. #212	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	
Title	TREASURER	Title	SECRETARY	
Name	LABRECHE, ELLIOT	Name	CERQUEIRA, MARIA TERESA	
Address	1401 BAY ROAD APT. #313	Address	1401 BAY ROAD APT. #309	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	
Title	DIRECTOR			
Name	MARTIRENA, MICHAEL			
Address	1401 BAY ROAD APT. #413			

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.

# BOARD PRESIDENT

05/26/2017

Certificate of Status Desired: Yes

Date

Date