#### 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: SCHENK, MELISSA

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N9400004762

Entity Name: THE SAILS CONDOMINIUM ASSOCIATION, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

1401 BAY ROAD MIAMI, FL 33139

#### **Current Mailing Address:**

C/O PMI SUNSHINE STATE 1111 LINCOLN RD SUITE 500 MIAMI BEACH, FL 33139 US

#### FEI Number: 65-0566599

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

PMI SUNSHINE STATE C/O PMI SUNSHINE STATE 1111 LINCOLN RD SUITE 500 MIAMI BEACH, FL 33139 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	BORIS DARCHY			01/29/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DIRECTOR	Title	PRESIDENT	
Name	SHARIF, OSAMA	Name	SCHENK, MELISSA	
Address	C/O PMI SUNSHINE STATE 1111 LINCOLN RD SUITE 500	Address	C/O PMI SUNSHINE STATE 1111 LINCOLN RD SUITE 500	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	
Title	DIRECTOR			
Name	AMANDA , GI GIOVANI			
Address	C/O PMI SUNSHINE STATE 1111 LINCOLN RD SUITE 500			
City-State-Zip:	MIAMI BEACH FL 33139			

01/29/2024 PRESIDENT

## FILED Jan 29, 2024 Secretary of State 7284226848CC

Certificate of Status Desired: No

Date