

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004762

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

**Current Principal Place of Business:**

1401 BAY ROAD  
MIAMI, FL 33139

**FILED**  
**Apr 08, 2023**  
**Secretary of State**  
**5447543319CC**

**Current Mailing Address:**

C/O PMI SUNSHINE STATE  
1680 MICHIGAN AVE SUITE 1001  
MIAMI BEACH, FL 33139 US

**FEI Number:** 65-0566599

**Certificate of Status Desired:** No

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

PMI SUNSHINE STATE  
1680 MICHIGAN AVE SUITE 1001  
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

04/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PENAN, CHARLES  
Address        C/O PMI SUNSHINE STATE  
                  1680 MICHIGAN AVE SUITE 1001  
City-State-Zip: MIAMI BEACH FL 33139

Title            VP  
Name            SCHENK, MELISSA  
Address        C/O PMI SUNSHINE STATE  
                  1680 MICHIGAN AVE SUITE 1001  
City-State-Zip: MIAMI BEACH FL 33139

Title            TREASURER, DIRECTOR  
Name            ANGULLO, ZOEY  
Address        C/O PMI SUNSHINE STATE  
                  1680 MICHIGAN AVE SUITE 1001  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIRECTOR  
Name            REID, HEIDENRY  
Address        C/O PMI SUNSHINE STATE  
                  1680 MICHIGAN AVE SUITE 1001  
City-State-Zip: MIAMI BEACH FL 33139

Title            SECRETARY  
Name            ATTIAS, REVETAL  
Address        C/O PMI SUNSHINE STATE  
                  1680 MICHIGAN AVE SUITE 1001  
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**

04/08/2023

Electronic Signature of Signing Officer/Director Detail

Date