


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000010090 1. Entity Name THE LOFTS WEST AT BARRETT SQUARE OWNERS ASSOCIATION, INC.	
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Principal Place of Business 104 NORTH BARRETT SQUARE PANAMA CITY BEACH, FL 32413	Mailing Address PO BOX 611632 ROSEMARY BEACH, FL 32461
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1756363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TYSON, JAMES G 130 N ANDALUSIA AVE SANTA ROSA BEACH, FL 32459	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000943081 05/29/08-80044-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLOAN, LIESEL 3021 DALE DRIVE NE ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEJER, DANIEL G 1908 NORTH ASHE COURT AUBURN, AL 36830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, REYNOLDS F 1394 COUNTY HIGHWAY 283 SOUTH, #7 GRAYTON BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Reynolds F. Henderson **REYNOLDS F. Henderson** ^{4/30/08} **850-278-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #