


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-02-2006 90004 012 ****61.25

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1. Entity Name
WYNWOOD LOFTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 250 NW 23RD ST.
 MIAMI, FL 33127

Mailing Address
 250 NW 23RD ST.
 MIAMI, FL 33127

66020993



2. Principal Place of Business
 6925 NW 42nd Street
 Miami, Florida 33166-6820

State, Apt. #, etc.

City & State

Zip Country Zip Country

05252006 Chg-NP CR2E037 (4/06)

4. FEI Number
 20-2634554

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MELAND, MARK S.
 200 S. BISCAYNE BLVD., STE. 3000
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when remaining) DATE

Filing Fee is **\$61.25**
 Due by **September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	LOMBARDI, DAVID	250 NW 23RD ST.	MIAMI, FL 33127	<input type="checkbox"/>
D	MIRANDA, WILLIAM	250 NW 23RD ST.	MIAMI, FL 33127	<input type="checkbox"/>
D	HOROWITZ, SANDY	250 NW 23RD ST.	MIAMI, FL 33127	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information signed 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:  **5/31/06 (305) 6951600**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #