

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003089

FILED
Mar 23, 2009
Secretary of State

Entity Name: WYNWOOD LOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

250 NW 23RD ST.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

C/O GUARANTEE MANAGEMENT
6925 NW 42ND STREET
MIAMI, FL 331666820

New Mailing Address:

FEI Number: 20-2634554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELAND, MARK S.
200 S. BISCAYNE BLVD., STE. 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LINGLE, PATRICK
Address: 250 NW 23 ST #311
City-St-Zip: MIAMI, FL 33127

Title: ST () Delete
Name: BEITLER, SETH
Address: 250 NW 23 ST #202
City-St-Zip: MIAMI, FL 33127

Title: P () Delete
Name: GARCIA, YVETTE
Address: 250 NW 23 ST #206
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARCIA, IVETTE
Address: 250 N.W. 23RD STREET # 206
City-St-Zip: MIAMI, FL 33127

Title: VPD (X) Change () Addition
Name: LINGLE, PATRICK
Address: 250 N.W. 23RD STREET # 311
City-St-Zip: MIAMI, FL 33127

Title: STD (X) Change () Addition
Name: BEITLER, SETH
Address: 250 N.W. 23RD STREET # 202
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YVETTE GARCIA

PD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date