

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90115 046 \*\*\*\*61.25

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<b>DOCUMENT # N05000008118</b>					
1. Entity Name UPTOWN LOFTS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2275 BISCAYNE BLVD. MIAMI, FL 33137			Mailing Address 2275 BISCAYNE BLVD. MIAMI, FL 33137		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHENDELL & ASSOCIATES, P.A. 3650 NORTH FEDERAL HWY. #202 LIGHTHOUSE POINT, FL 33064				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State: <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GALIETTE, CINDY			NAME	VICE PRESIDENT /
STREET ADDRESS	2275 BISCAYNE BLVD.			STREET ADDRESS	SECRETARY
CITY-ST-ZIP	MIAMI, FL 33137			CITY-ST-ZIP	
TITLE	V	Delete <input checked="" type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PENANANDA, ANTONIO			NAME	
STREET ADDRESS	2275 BISCAYNE BLVD.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33137			CITY-ST-ZIP	
TITLE	ST	Delete <input type="checkbox"/>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	OTERO BON, ANTONIO			NAME	PRESIDENT /
STREET ADDRESS	2275 BISCAYNE BLVD.			STREET ADDRESS	TREASURER
CITY-ST-ZIP	MIAMI, FL 33137			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME				NAME	DIRECTOR
STREET ADDRESS				STREET ADDRESS	MARIANO PASTOR
CITY-ST-ZIP				CITY-ST-ZIP	2275 BISCAYNE BLVD, MIA FL 33137
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____				Date: 01/19/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	