## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005610

FILED Jun 15, 2009 Secretary of State

Entity Name: THE TREETOPS-LOFTS CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 460 NORTH EAST 77TH STREET ROAD MIAMI, FL 33138 **Current Mailing Address: New Mailing Address:** 460 NORTH EAST 77TH STREET ROAD 9 ISLAND AVENUE MIAMI, FL 33138 **SUITE 1201** MIAMI BEACH, FL 33139 FEI Number: 20-4744427 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAUNSBACH, KAY 9 ISLAND AVENUE **SUITE 1201** 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MAUNSBACH, KAY Name: Name: Address: 9 ISLAND AVENUE, SUITE 1201 Address: MIAMI BEACH, FL 33136 City-St-Zip: City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition GENEVIEVE NEGLIA Name: **RUTH GESSNER** Name: Address: 9 ISLAND AVENUE, SUITE 1201 Address: 9 ISLAND AVENUE, SUITE 1201 City-St-Zip: MIAMI BEACH, FL 33136 City-St-Zip: MIAMI BEACH, FL 33136 Title: STD () Delete Title: () Change () Addition DOLCOURT, DIANE G Name: Name: 9 ISLAND AVENUE, SUITE 1201 Address: Address: City-St-Zip: MIAMI BEACH, FL 33136 City-St-Zip:

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: KAY B. MAUNSBACH PRES 06/15/2009