

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

DOCUMENT# N06000011539

**FILED**  
**Apr 02, 2007**  
**Secretary of State**

**Entity Name:** THE LOFTS AT TATUM CONDOMIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8080 TATUM WATERWAY DRIVE  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

8080 TATUM WATERWAY DRIVE  
MIAMI BEACH, FL 33141

**New Mailing Address:**

1110 BRICKELL AVENUE SUITE 402  
MIAMI, FL 33131

**FEI Number:** 11-3795118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CESPEDES, CARLOS DE  
1200 BRICKELL AVENUE, SUITE 1440  
MIAMI, FL 33031 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: PD ( ) Delete  
Name: REINA, GUILLERMO  
Address: 1110 BRICKELL AVENUE, SUITE 402  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: REINA, NANCY  
Address: 1110 BRICKELL AVENUE, SUITE 402  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: RESTREPO, MONICA  
Address: 1110 BRICKELL AVENUE, SUITE 402  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GUILLERMO REINA

PD

04/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date