


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N06000011539**

1. Entity Name  
 THE LOFTS AT TATUM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 8080 TATUM WATERWAY DRIVE  
 MIAMI BEACH, FL 33141

Mailing Address  
 1110 BRICKELL AVENUE SUITE 402  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 11-3795118

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CESPEDES, CARLOS DE  
 1200 BRICKELL AVENUE, SUITE 1440  
 MIAMI, FL 33031

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee Is \$61.25 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINA, GUILLERMO 1110 BRICKELL AVENUE, SUITE 402 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINA, NANCY 1110 BRICKELL AVENUE, SUITE 402 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESTREPO, MONICA 1110 BRICKELL AVENUE, SUITE 402 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U000000844669  
 03/13/08-80009-009 61.25

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: Nancy Reina 2/29/08 305-3717676  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 ext 14