

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 29, 2010
Secretary of State**

DOCUMENT# N08000005391

Entity Name: 2020 LOFTS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4533 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146**New Principal Place of Business:****Current Mailing Address:**4533 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146**New Mailing Address:**

FEI Number: 90-0551145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:FONT, JAVIER E
4533 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**FONT, JAVIER
4533 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146 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: JAVIER FONT

06/29/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: DP
Name: BEHAR, ROBERT
Address: 4533 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146Title: DT
Name: GAMBINO, GUSTAVO
Address: 785 CRANDON BOULEVARD
City-St-Zip: KEY BISCAVNE, FL 33149Title: D
Name: ELMS, MARIE
Address: 54 GREAT OAK LANE
City-St-Zip: PLEASANTVILLE, NY 10570Title: DS
Name: YEUNG, NITA
Address: 4533 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: ROBERT BEHAR

PD

06/29/2010

Electronic Signature of Signing Officer or Director_____
Date