

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005391

FILED  
Feb 08, 2011  
Secretary of State

**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: 26-3545016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FONT, JAVIER  
4533 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146 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: DP  
Name: BEHAR, ROBERT  
Address: 4533 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33146

Title: DT  
Name: GAMBINO, GUSTAVO  
Address: 785 CRANDON BOULEVARD  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: D  
Name: ELMS, MARIE  
Address: 54 GREAT OAK LANE  
City-St-Zip: PLEASANTVILLE, NY 10570

Title: 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

DP

02/08/2011

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

\_\_\_\_\_  
Date