

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003525

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** THE LORENA OWNERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

840 10TH STREET  
MIAMI BEACH, FL 331398446

**New Principal Place of Business:**

**Current Mailing Address:**

309 23RD STREET  
#300  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 65-0991219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REGATTA REAL ESTATE MANAGMENT  
309 23RD STREET  
#300  
MIAMI BEACH, FL 33139 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: P ( ) Delete  
Name: SKLARSKY, MICHAEL P  
Address: 840 10TH ST  
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete  
Name: LANZAS, NOEL  
Address: 830 10TH ST  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S (X) Delete  
Name: LEON-VELARDE, RAUL  
Address: 830 10 STREET  
City-St-Zip: MIAMI BEACH, FL 33139

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

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

Title: VP (X) Change ( ) Addition  
Name: LANZAS, NOEL  
Address: 830 10TH ST  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TIM VODA

AGT

01/14/2008

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

\_\_\_\_\_  
Date