

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006821

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** THE LOFTS AT HOLLYWOOD STATION CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

230 PARK AVENUE  
NEW YORK, NY 10169

**New Principal Place of Business:**

**Current Mailing Address:**

230 PARK AVENUE  
NEW YORK, NY 10169

**New Mailing Address:**

**FEI Number:** 26-0675339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REGISTERED AGENTS OF FLORIDA, L.L.C.  
100 SOUTHEAST SECOND STREET  
SUITE 2900  
MIAMI, FL 331312130 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 ( ) Delete  
Name: PETSICO, ROBERT  
Address: 230 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10169

Title: DV ( ) Delete  
Name: ZULLO, ALFREDO  
Address: 230 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10169

Title: DST ( ) Delete  
Name: WILHELM, ANN  
Address: 230 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10169

**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 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: TIFFANY ACOSTA

PM

04/24/2009

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

\_\_\_\_\_  
Date