

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005407

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** PARC LOFTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1749 NE MIAMI COURT  
OFFICE  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

1749 NE MIAMI COURT  
OFFICE  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** 65-1261638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKALAR & ASSOCIATES, P.A  
150 S. PINE ISLAND RD  
SUITE 540  
PLANTATION, FL 33324 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: PRES  
Name: FORTUNE, SHORNE Q  
Address: 1749 NE MIAMI COURT # 510  
City-St-Zip: MIAMI, FL 33132

Title: VP  
Name: PEREZ, JORGE DR.  
Address: 1749 NE MIAMI COURT #506  
City-St-Zip: MIAMI, FL 33132

Title: SEC  
Name: FORTUNE, GRERIMAR  
Address: 1749 NE MIAMI COURT #208  
City-St-Zip: MIAMI, FL 33132

Title: DIR  
Name: SCHWARTZ, CAROL ANN ROSS  
Address: 1749 N.E. MIAMI COURT #213  
City-St-Zip: MIAMI, FL 33132

Title: TREA  
Name: DAVIS, ROBERT P  
Address: 1749 N.E. MIAMI COURT #315  
City-St-Zip: MIAMI, FL 33132

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: SHORNE Q. FORTUNE

PRES

02/08/2012

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

\_\_\_\_\_  
Date