

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001092

**FILED**  
**Feb 28, 2013**  
**Secretary of State**  
**CC1244251333**

**Entity Name:** CAPITAL LOFTS AT THE SECURITY BUILDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

20900 NE 30TH AVENUE  
#514  
AVENTURA, FL 33180

**Current Mailing Address:**

20900 NE 30TH AVENUE  
#514  
AVENTURA, FL 33180

**FEI Number: 80-0508091**

**Certificate of Status Desired: No**

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

PERRIN PROPERTIES, LLC  
20900 NE 30TH AVENUE  
#514  
AVENTURA, FL 33180 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name PERRIN, TED  
Address 20900 NE 30TH AVENUE #514  
City-State-Zip: AVENTURA FL 33180

Title VSD  
Name SHARON, GUY  
Address 20900 NE 30TH AVENUE #514  
City-State-Zip: AVENTURA FL 33180

Title STD  
Name DICHER, NICOLETA  
Address 20900 NE 30TH AVENUE #514  
City-State-Zip: AVENTURA FL 33180

*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: DICHER NICOLETA**

**STD**

**02/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date