2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90029 015 ****61.25

DOCUMENT # 739874

1. Entity Name
THE LOFTS OF PALM-AIRE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3270 N.W. 62ND ST. FT. LAUDERDALE, FL 33309	3270 N.W. 62ND ST. FT. LAUDERDALE, FL 33309

02132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1862513 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, ROBERT C ESQ. 319 S.E. 14TH STREET FT. LAUDERDALE, FL 33316	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, GWEN 6190 NW 31 WAY FORT LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**P/D** Vivian Fox 6170 NW 33rd. Way Fort Lauderdale, Fl 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOLLS, KIMBERLY 6130 NW 31 WAY FORT LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**T/D** Tom Blanc 6111 NW 34th Terrace Fort Lauderdale, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELL, STUART 6160 NW 32ND TERRACE FT. LAUDERDALE, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** Charles Roche 6101 NW 31st. Terrace Fort Lauderdale, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PACE, PAULA MS 6150 NW 33RD TERRACE FT LAUDERDALE, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** Marilyn Labelle 6101 NW 31st Way Fort Lauderdale, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASI, THOMAS 6181 NW 33RD TERRACE FT. LAUDERDALE, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** Santa D'Iorio 6131 NW 31st Way Fort Lauderdale, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHAW, HALYNA 6160 NW 33 WAY FORT LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** Virginia Rose 6141 N.W. 31 Way Fort Lauderdale, FL 33309	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Feb. 18 2008 954 971-9054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #