

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742392 (4)

1. Corporation Name
THE LOFTS CONDOMINIUM ASSOCIATION, INC.

2/797



Principal Place of Business Mailing Address
824 EAST FLETCHER AVENUE TAMPA FL 33612

3. Date Incorporated or Qualified **04/25/1978** 3a. Date of Last Report **03/30/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2302531	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LEIB-LERNER, PATRICIA
606 MADISON ST.
STE. 2001
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDERARO, DIANNE	1.2 NAME	Gallegos, Linda
STREET ADDRESS	4012 MURIEL PL	1.3 STREET ADDRESS	4101 MURIEL PL
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	Tampa FL 33614
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, WAYNE	2.2 NAME	
STREET ADDRESS	4136 MURIEL PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORDONARO, ROBERT	3.2 NAME	Crosland, Kelli S.
STREET ADDRESS	4008 MURIEL PLACE	3.3 STREET ADDRESS	4150 MURIEL PL
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	Tampa FL 33614
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, MICHAEL	4.2 NAME	
STREET ADDRESS	4149 MURIEL PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	100001745781 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, NORMA	5.2 NAME	-03/18/96--01046--022
STREET ADDRESS	4105 MURIEL PLACE	5.3 STREET ADDRESS	***61.25
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **2-1-96** DAYTIME PHONE: **813-977-2604**

CP2E037 (12/95)

32
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