

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 742392 (4)

1. Corporation Name  
THE LOFTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
824 EAST FLETCHER AVENUE 824 EAST FLETCHER AVENUE  
TAMPA FL 33612 TAMPA FL 33612-2613

3. Date Incorporated or Qualified 04/25/1978 3a. Date of Last Report 03/18/1996

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
LEIB-LERNER, PATRICIA 606 MADISON ST. STE. 2001 TAMPA FL 33602  
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD GALLAGHER, LINDA 4101 MURIEL PL TAMPA FL 33614	1.1 TITLE	PD Michelle Grigg Cochise 4001 Muriel Place Tampa FL 33614
NAME	D OLSON, WAYNE 4136 MURIEL PLACE TAMPA FL	1.2 NAME	D Joann Guglietti 4012 Muriel Place Tampa FL 33614
STREET ADDRESS	SD CROSLAND, KELI S 4130 MURIEL PLACE TAMPA FL 33614	2.1 TITLE	TD Robert Bordonaro 4008 Muriel Place Tampa FL 33614
CITY-ST-ZIP	PD LANG, MICHAEL 4149 MURIEL PLACE TAMPA FL	2.2 NAME	D Mark Burris 4119 Muriel Place Tampa FL 33614
TITLE		2.3 STREET ADDRESS	
NAME		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	
CITY-ST-ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michelle Grigg Cochise 2-6-97 813-977-2604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047979

CR2E037 (9/96)