

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

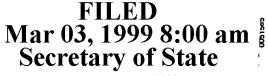
DOCUMENT	#	742392
1 O 15 M		

1. Corporation Name

THE LOFTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address



03-03-1999 90048 017 \*\*\*\*61.25

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	TERRACE FL 33635  TEMPLE TERRACE FL 33635  US								
·	ace of Business	2a. Mailing Address				3. Date incorporated or Qualifed 04/25/1978			
21		26				4. FEI Number		TAnn	olied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				59-2302531		<u> </u>	Applicable
22		27 City 8 Otato				33 2002331		\$8.75 A	
City & State		City & State				5. Certifcate of Status Desired		Fee Rec	uired"
Zip	Country	Zip	Count	ry		6. Election Campaign Financing		\$5.00	•
24	25		30]			Trust Fund Contribution		Added to	rees
	9. Name and Address of Current	Registered Agent		1 N		10. Name and Address of New R	egistered	Agent	
			ď	"  "	Name				
	ER, PATRICIA Platt st		8	12 S	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
STE. 2001	. —		8	13					{
TAMPA FL			8	34 C	City		FI.	85 Zip C	ode
								changing its	registered
office or re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	at kionda. Such change was au	manzea r	าง เทค	amed corporation	n's board of directors. I hereby accep	t the appoir	ntment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: 1	Registered Ag	gent sig	gnature required	when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN		RS IN 12
TITLE	D	☐ DELETE	1,1 TITLE	E	D/	S		Change	☐ Addition
NAME	GUGILETTI, JOANN		1.2 NAM	E	'				1
STREET ADDRESS	4012 MURIEL PLACE		1,3 STR	EET ADO	ORESS				ļ
CITY-ST-ZIP	TAMPA FL		1.4 CITY	-ST-ZII	P				
TITLE	SD	☐ DELETE	2,1 TITL	E	D/	P	=-	Change Change	☐ Addition
NAME	CROSLAND, KELI S		2.2 NAM	E					1
STREET ADDRESS	4130 MURIEL PLACE		2.3 STR	EET ADI	DRESS				
CITY-ST-ZIP	TAMPA FL 33614		2. 4 CITY						1
TITLE	TD	DELETE	3.1 1111					Change -	_ Addition
NAME	BORDONARO, ROBERT		3.2 NAM	ΙΕ					1
STREET ADDRESS	4008 MURIEL PLACE		3.3 STRI	FET AD	ORESS				]
CITY-ST-ZIP	TAMPA FL		3.4. CITY						
TITLE	D	☐ DELETE	4.1 TITL					☐ Change	Addition
NAME	BURRIS, MARK		4. 2 NAN	λE	· ·				
STREET ADDRESS	4119 MURIEL PLACE		4.3 STRI		DRESS !			,	
	TAMPA FL		4.4 CITY						Ţ
CITY-ST-ZIP	TAMEA IL	☐ DELET <b>E</b>	5.1 TITL		<del>"                                     </del>		_	☐ Change	Addition
NAME I			5.2 NAM						1
			5.3 STRI	EET AD	DRESS				j
STREET ADDRESS			5.4 CITY						Ì
CITY-ST-ZIP	-	☐ DELETE	6.1 TITL		<del>-  </del>			☐ Change	Addition
TITLE			6.2 NAM	ΙE				_ •	_
NAME			6.3 STRI		INDESS				
STREET ADDRESS			6.3 5 I K	CC I MUI	IUNEOO				1

14. I 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 ennual 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 trystee 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, with all other like empowered.

813-980-1000