

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90086 021 \*\*\*\*61.25

**DOCUMENT # 742392**

1. Entity Name

**THE LOFTS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7001 TEMPLE TERRACE HWY  
 TEMPLE TERRACE FL 33635  
 US

7001 TEMPLE TERRACE HIGHWAY  
 TEMPLE TERRACE FL 33635  
 US

26452



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2302531

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

LEIB-LERNER, PATRICIA  
 420 WEST PLATT ST  
 STE. 2001  
 TAMPA FL 33606

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE - DS  Delete  
 NAME - GUGILETTI, JOANN  
 STREET ADDRESS 4012 MURIEL PLACE  
 CITY-ST-ZIP TAMPA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE - DVP  Delete  
 NAME - CROSLAND, KELI S  
 STREET ADDRESS 4130 MURIEL PLACE  
 CITY-ST-ZIP TAMPA FL 33614

TITLE  Change  Addition  
 NAME Treasurer / D  
 STREET ADDRESS Michael Wise  
 CITY-ST-ZIP 4130 Muriel Place  
 Tampa, FL 33614

TITLE - DT  Delete  
 NAME - BORDONARO, ROBERT  
 STREET ADDRESS 4008 MURIEL PLACE  
 CITY-ST-ZIP TAMPA FL

TITLE  Change  Addition  
 NAME President / D  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE - D  Delete  
 NAME - BURRIS, MARK  
 STREET ADDRESS 4119 MURIEL PLACE  
 CITY-ST-ZIP TAMPA FL

TITLE  Change  Addition  
 NAME At Large / D  
 STREET ADDRESS Genevieve Wilkes  
 CITY-ST-ZIP 4133 Muriel Pl.  
 Tampa, FL 33614

TITLE - PD  Delete  
 NAME - LANG, MICHAEL  
 STREET ADDRESS 4149 MURIEL LANE  
 CITY-ST-ZIP TAMPA FL 33619

TITLE  Change  Addition  
 NAME At-Large / D  
 STREET ADDRESS Helen Oraddock  
 CITY-ST-ZIP 4145 Muriel Pl.  
 Tampa, FL 33614

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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: \_\_\_\_\_

*Robert Bordonaro*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 7, 2002

(813) 281-0300

Date

Daytime Phone #

CR2E037 (9/01)