

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2004
Secretary of State**

DOCUMENT# 742392

Entity Name: THE LOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33635 US

New Principal Place of Business:

Current Mailing Address:

7001 TEMPLE TERRACE HIGHWAY
TEMPLE TERRACE, FL 33635 US

New Mailing Address:

FEI Number: 59-2302531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KNOT, ELIZABETH
Address: 4137 MURIEL PLACE
City-St-Zip: TAMPA, FL 33614

Title: TD () Delete
Name: WISE, MICHAEL
Address: 4105 MARIEL PLACE
City-St-Zip: TAMPA, FL 33614

Title: PD () Delete
Name: BORDONARO, ROBERT
Address: 4008 MURIEL PLACE
City-St-Zip: TAMPA, FL

Title: ALD () Delete
Name: LONG, MICHAEL
Address: 1836 SANTA BARBAR DR
City-St-Zip: DUNEDIN, FL 34698

Title: VPD () Delete
Name: BRADDOCK, HELEN
Address: 4145 MARIEL PL.
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LANG, MICHAEL
Address: 1836 SANTA BARBARA DR.
City-St-Zip: DUNEDIN, FL 34698

Title: PD (X) Change () Addition
Name: CROSLAND, KELI
Address: 4130 MURIEL PLACE
City-St-Zip: TAMPA, FL

Title: ALD (X) Change () Addition
Name: ENGEL, SHAUNA
Address: 4133 MURIEL PLACE
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELI CROSLAND

PD

04/14/2004

Electronic Signature of Signing Officer or Director

Date