

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742392

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE LOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 32809 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:

LELAND MANAGEMENT
8009 S. ORANGE AVENUE
ORLANDO, FL 32809 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: PD () Delete
Name: ENGEL, SHAUNA
Address: 4133 MURIEL PLACE
City-St-Zip: TAMPA, FL 33614

Title: VPD () Delete
Name: LANG, MICHAEL
Address: 1836 SANTA BARBARA DR.
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: TOAL, TIMOTHY
Address: 4111 MURIEL PLACE
City-St-Zip: TAMPA, FL 33614

Title: TD () Delete
Name: HOLDER, SHERILYN
Address: 4117 MURIEL PLACE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANG, MICHAEL L
Address: 1836 SANTA BARBARA DRIVE
City-St-Zip: DUNEDIN, FL 34698

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

Title: D (X) Change () Addition
Name: BRADDOCK, HELEN
Address: 4145 MURIEL PLACE
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change () Addition
Name: THURSTON, CHRISTINA L
Address: 15024 ARBOR RESERVE CIRCLE
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL LANG

PD

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date