

# 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