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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752856 (5)
 1. Corporation Name
THE LOFTS TOWN VILLAS CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business P.O. BOX 560215 MIAMI FL 33256	Mailing Address P.O. BOX 560215 MIAMI FL 33256
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3. Date Incorporated or Qualified
06/09/1980

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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2. Principal Place of Business 21 P.O. BOX 601593 22 Suite, Apt. #, etc. 23 City & State N. MIAMI BEACH, FL 24 Zip 33162 25 Country U.S.A.	2a. Mailing Address 26 P.O. BOX 601593 27 Suite, Apt. #, etc. 28 City & State N. MIAMI BEACH, FL 29 Zip 33162 30 Country U.S.A.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HYMAN, MICHAEL, ESQ.
 HYMAN & KAPLAN, P.A.
 150 WEST FLAGLER, SUITE 2701
 MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, GEORGIA	
STREET ADDRESS	1500 NE 151 ST #103	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	REID, SONIA	
STREET ADDRESS	1530 NE 151 ST #104	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, GUS	
STREET ADDRESS	19403 NW 11 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WINTER, ROMAN	
STREET ADDRESS	1570 NE 151 ST #103	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, DEVON	
STREET ADDRESS	2200 NE 199 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUS RIVEIPA	
2.3 STREET ADDRESS	19403 NW 11 ST	
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAROL CHRISTOPHER	
3.3 STREET ADDRESS	1501 NE 150 ST. #103	
3.4 CITY-ST-ZIP	N.MIAMI BEACH, FL 33162	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARIO DUPerval	
4.3 STREET ADDRESS	1450 NE 151 ST #103	
4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MOSES BRISSETT	
5.3 STREET ADDRESS	1511 NE 150 ST #102	
5.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Georgia Thomas* GEORGIA THOMAS 4-14-98 (305)945-5953

CR2E037 (10/97)