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NONPROFIT CORPORATION ANNUAL REPORT 1999

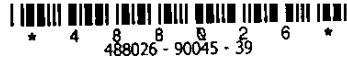


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 752856

1. Corporation Name

THE LOFTS TOWN VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

POB 601593  
 N MIAMI BCH FL 33162  
 US

Mailing Address

POB 601593  
 N MIAMI BCH FL 33162  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/09/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For  
 Not Applicable

NOT APPLICABLE

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

33160

25

33160

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE

NAME THOMAS, GEORGIA  
 STREET ADDRESS 1500 NE 151 ST #103  
 CITY-ST-ZIP N MIAMI BEACH FL

1.1 TITLE  Change  Addition

TITLE VP  DELETE

NAME RIVEIRA, G  
 STREET ADDRESS 19403 NW 11 ST  
 CITY-ST-ZIP PEMBROKE PINES FL 33029

2.1 TITLE  Change  Addition

TITLE TD  DELETE

NAME CHRISTOPHER, C  
 STREET ADDRESS 1501 NE 150 ST 103  
 CITY-ST-ZIP N MIAMI BCH FL 33162

2.2 NAME MARIO DUPerval

2.3 STREET ADDRESS 1450 NE 151 STREET, #103

2.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33162

TITLE S  DELETE

NAME DEPERVAL, M  
 STREET ADDRESS 1450 NE 151 ST 103  
 CITY-ST-ZIP N MIAMI BEACH FL 33162

3.1 TITLE  Change  Addition

TITLE D  DELETE

NAME BRISSETT, M  
 STREET ADDRESS 1511 NE 150 ST 102  
 CITY-ST-ZIP N MIAMI BCH FL 33162

4.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.2 NAME CLAUDETTE CHIN

4.3 STREET ADDRESS 1511 NE 150 STREET, #104

4.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33161

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required* THOMAS 4-9-99 (305)949-5778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)