

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91731 020 ****61.25

DOCUMENT # 752856

1. Entity Name

**THE LOFTS TOWN VILLAS CONDOMINIUM ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

POB 601593
 N MIAMI BCH FL 33160
 US

POB 601593
 N MIAMI BCH FL 33160
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VP/T
 NAME: CHRISTOPHER, CAROL Delete
 STREET ADDRESS: 1501 NE 150 ST 103
 CITY-ST-ZIP: N MIAMI BCH FL 33161

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TD
 NAME: CHIN, CLAUDETTE Delete
 STREET ADDRESS: 1511 NE 150 ST 104
 CITY-ST-ZIP: N MIAMI BCH FL 33161

TITLE: PD
 NAME: CHIN, CLAUDETTE Change Addition
 STREET ADDRESS: 1511 NE 150 ST 104
 CITY-ST-ZIP: N. MIAMI FL 33161

TITLE: S
 NAME: LAMOTHE, IMMACULA Delete
 STREET ADDRESS: 1550 NE 151 ST #101
 CITY-ST-ZIP: N MIAMI BCH FL 33162

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: D/S
 NAME: BRISSETT, MOSES Delete
 STREET ADDRESS: 1511 NE 150 ST #101
 CITY-ST-ZIP: N MIAMI BCH FL 33161

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carole Christopher*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-02 305 949-3592

CR2E037 (9/01)