


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90178 031 \*\*\*\*61.25

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # 752856</b>  |  |  |  |                |  |
| 1. Entity Name<br><b>THE LOFTS TOWN VILLAS CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |  |   |  |
| Principal Place of Business<br>POB 601593<br>N MIAMI BCH, FL 33160 US   |  |  | Mailing Address<br>POB 601593<br>N MIAMI BCH, FL 33160 US  |   |  |
| 2. Principal Place of Business<br><b>27553 S. Dixie Hwy</b><br>Suite, Apt. #, etc.<br><b>c/o Innv Prpty Mgmt</b>  |  | 3. Mailing Address<br><b>27553 S. Dixie Hwy</b><br>Suite, Apt. #, etc.<br><b>c/o Innv Prpty Mgmt</b> |  |   |  |
| City & State<br><b>Miami, FL 33032</b>  |  | City & State<br><b>Miami FL 33032</b>  |  | 4. FEI Number<br><b>NOT APPLICABLE</b>  |  |
| Zip<br><b>33032</b>   |  | Country<br><b>Dade</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>HYMAN, MICHAEL ESQ<br/>HYMAN &amp; KAPLAN, P.A.<br/>150 WEST FLAGLER, SUITE 2701<br/>MIAMI, FL 33130</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>ARNOLD, DAVID ESO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8301 SW 164 STREET</b><br>City<br><b>MIAMI</b> FL Zip Code<br><b>33157</b> |   |  |
| 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>David C Arnold</i></u> DATE <u>4-30-04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                  |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CHRISTOPHER, CAROL<br>1501 NE 150 ST 103<br>N MIAMI BCH, FL 33161 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>SAENZ, FATIMA<br>1460 NE 150 ST #103<br>N MIAMI BCH, FL 33161                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>CHIN, CLAUDETTE<br>1511 NE 150 ST 104<br>N MIAMI BCH, FL 33161   | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>CAMPBELL, PEARL<br>1460 NE 150 ST #101<br>N MIAMI BCH, FL 33161                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>BRISSETT, MOSES<br>1501 NE 150 ST #101<br>N MIAMI BCH, FL 33161  | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>SINSMIR, MARIE<br>1451 NE 150 ST #103<br>N MIAMI BCH, FL 33161                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GULLARD, SYLVIA<br>1550 NE 151 ST #104<br>N MIAMI BCH, FL 33161                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>David C Arnold</i></u>   |  |  |  | Date  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  | <small>Daytime Phone #</small>  |  |