

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2006
Secretary of State**

DOCUMENT# 752856

Entity Name: THE LOFTS TOWN VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2640 HOLLYWOOD BLVD
C/O FLORIDA HOMELAND
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2640 HOLLYWOOD BLVD, 207
C/O FLORIDA HOMELAND
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRER, SERGE
2640 HOLLYWOOD BLVD, 207
HOLLYWOOD, FL 33020 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: SINSMIR, MARIE
Address: 1451 NE 150 ST., #103
City-St-Zip: N MIAMI, FL 33161

Title: VPD () Delete
Name: LESTER, JOCELYNE
Address: 1447 NE 150 ST.
City-St-Zip: N MIAMI, FL 33161

Title: TD () Delete
Name: MONESTIME, RENAN
Address: 1500 NE 151 ST., #104
City-St-Zip: N MIAMI BCH, FL 33162

Title: D () Delete
Name: MOSES, BRISSETT
Address: 1511 NE 150 ST., #101
City-St-Zip: N MIAMI, FL 33161

Title: SD () Delete
Name: JOSEPH, MARIE
Address: 1511 NE 150 ST, #103
City-St-Zip: N MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ALTIDOR, TRACY
Address: 1441 NE 150 ST.
City-St-Zip: N MIAMI BCH, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SINSMIR, MARIE
Address: 1451 NE 150 ST, #103
City-St-Zip: N MIAMI, FL 33161

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: MARIE SINSMIR

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date