

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG 11 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 752856 1. Entity Name THE LOFTS TOWN VILLAS CONDOMINIUM ASSOCIATION, INC.	
--	--

Principal Place of Business 2640 HOLLYWOOD BLVD C/O FLORIDA HOMELAND HOLLYWOOD, FL 33020 US	Mailing Address 2640 HOLLYWOOD BLVD, 207 C/O FLORIDA HOMELAND HOLLYWOOD, FL 33020 US
--	---



2. Principal Place of Business 1471 NE 150th Street Suite, Apt. #, etc. #102	3. Mailing Address 1471 NE 150th Street Suite, Apt. #, etc. #102
---	---

08102006 Chg-NP CR2E037 (4/06)

City & State Miami	City & State Miami	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
Zip 33161	Country Miami-Dade	Zip 33161	Country Miami-Dade

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent FERRER, SERGE 2640 HOLLYWOOD BLVD, 207 HOLLYWOOD, FL 33020	7. Name and Address of New Registered Agent Name Jeffrey S. Berlowitz, Esq. Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd., Suite 375-S City Hollywood FL Zip Code 33021
--	--

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.

SIGNATURE **Jeffrey S. Berlowitz** DATE **8/9/06**

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
------------------------------	--	------------------------------------	---

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINSMIR, MARIE			NAME	Joseph Dixon		
STREET ADDRESS	1451 NE 150 ST., #103			STREET ADDRESS	1471 NE 150th Street, #102		
CITY-ST-ZIP	N MIAMI, FL 33161			CITY-ST-ZIP	Miami, FL 33161		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESTER, JOCELYNE			NAME	Hipolita Diaz		
STREET ADDRESS	1447 NE 150 ST.			STREET ADDRESS	1481 NE 150th Street, #103		
CITY-ST-ZIP	N MIAMI, FL 33161			CITY-ST-ZIP	Miami, FL 33161		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTIDOR, TRACY			NAME	Janette Hernandez		
STREET ADDRESS	1441 NE 150 ST.			STREET ADDRESS	1501 NE 150th Street, #101		
CITY-ST-ZIP	N MIAMI BCH, FL 33162			CITY-ST-ZIP	Miami, FL 33161		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSES, BRISSETT			NAME	Yammaris Francisco		
STREET ADDRESS	1511 NE 150 ST., #101			STREET ADDRESS	1530 NE 151 Street, #104		
CITY-ST-ZIP	N MIAMI, FL 33161			CITY-ST-ZIP	Miami, FL 33162		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINSMIR, MARIE			NAME	Pierre Jean Charles		
STREET ADDRESS	1451 NE 150 ST. #103			STREET ADDRESS	1540 NE 151 Street, #101		
CITY-ST-ZIP	N MIAMI, FL 33161			CITY-ST-ZIP	Miami, FL 33162		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

500078884445
08/18/06--01044--014 **\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Hipolita Diaz** DATE **8/10/06** Daytime Phone # **954-960-1820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR