2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90036 015 ****61.25

DOCUMENT # 759490

1. Entity Name
THE LOFTS OF OAKLAND FOREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2800 S. OAKLAND FOREST DRIVE #2305 OAKLAND PARK, FL 33309	2800 S. OAKLAND FOREST DRIVE #2305 OAKLAND PARK, FL 33309

01212004 Chg-NP CR2E037 (10/03)

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 59-2269244 ☐ 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
ZIPPAY, CATHERINE W E 1401 UNIVERSITY DR STE 301 CORAL SPRINGS, FL 33071-3039	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE STEVE WELDON 1/21/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SZYMBORSKI, DAVE 2840 SO.OAKLAND FOREST DR #2806 OAKLAND PARK, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ SZYMBORSKI DAVE 2840 SO. OAKLAND FOREST DR #2806 OAKLAND PARK FL 33309 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LINGARD, PAUL 2840 SO.OAKLAND FOREST DR #2806 OAKLAND PARK, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEMETH, MIKLUS 2840 SO.OAKLAND FOREST DR #2804 OAKLAND PARK, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEMETH, MIKLOS 2840 SO. OAKLAND FOREST DR #2804 OAKLAND PARK FL 33309 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DWORTZAN, ALAN 2840 S OAKLAND FOREST DR # 2601 OAKLAND PARK, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WELDON, STEVE 2840 SO. OAKLAND FOREST DR 2461 OAKLAND PARK FL 33309 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REISSNER, FRED 2840 SO OAKLAND FOREST DR #2402 OAKLAND PARK, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT FRED REISSNER 2840 SO OAKLAND FOREST DR #2402 OAKLAND PARK FL 33309 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT BEHRE, CHARLIE 2840 S OAKLAND FOREST DR # 2704 OAKLAND PARK, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / 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: STEVE WELDON 1/21/04 954 484 2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #