

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009975

FILED
Feb 05, 2008
Secretary of State

Entity Name: DOWNTOWN LOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

103 SE FOURTH AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

2100 SW 14TH PLACE
BOYNTON BEACH, FL 33426

New Mailing Address:

2100 SW 14TH PLACE
BOYNTON BEACH, FL 33426 PB

FEI Number: 47-0882301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOHERTY, ALVIN A
2100 SW 14TH PLACE
BOYNTON BEACH, FL 33426 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: DP () Delete
Name: GROCKI, GERALYN A
Address: 103 SE FOURTH AVENUE #202
City-St-Zip: DELRAY BEACH, FL 33483

Title: DS () Delete
Name: SCHIFF, SUSAN
Address: 103 SE 4TH AVE #101
City-St-Zip: DELRAY BEACH, FL 33483

Title: V () Delete
Name: KRETSCHMAR, ERIK
Address: 103 SE FOURTH AVENUE #201
City-St-Zip: DELRAY BEACH, FL 33483

Title: DT () Delete
Name: LAWRENCE, ANDREA
Address: 103 SE FOURTH AVENUE #102
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GERALYN A. GROCKI

PRES

02/05/2008

Electronic Signature of Signing Officer or Director

Date