2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # N03000005437 04-18-2005 90562 011 ****61.25 HOME STREET LOFT CONDOMINIUMS OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1950 HENDRICKS AVENUE P.O. BOX 50218 JACKSONVILLE BEACH, FL. 32240 JACKSONVILLE, FL-32207 2. Principal Place of Business Juguatu Suite, Apt. #, etc. 01112005 Chg-NP CR2E037 (10/03) 4. FEI Number 41-2101242 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LIFE Styles HANAGOMEN FISHER SHARON L 1008 Oteranos OVTI 1008 CCEANWOOD DRIVE NORTH NEDIUNE BEACH, PL 92266 Kepture Beren DP. 32266 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$61,25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change ■ Addition WONG, JASON NAME NAME 1050 HENDRICKS AVENUE, 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-7/P TO MARILYN Supano Thange 1050 HENDRICKS AVE, #201 SD/T TITLE (X) Delete TITLE Addition NAME SUPALO, MARILYN NAME JACKSONUILL, FL 32207 STREET ADDRESS 1050 HENDRICKS AVENUE, 201 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP VICE SD JENNIFER PERKINS Change TITLE Delete TITLE JOSO HENDRICKS AVE #202 JACKSON VILLE, FL. 32207 JOHNSTON, JENNIFER NAME NAME STREET ADDRESS 1050 HENDRICKS AVENUE, 202 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE; FL 32207 CITY-ST-ZIP DIRECTOR TITLE Delete TITLE ☐ Addition Stephen R. BAKEr NAME BAKER, STEPHEN NAME 1050 HENDRICKS AVE# 103 1050 HENDRICKS AVENUE, 103 STREET ADDRESS STREET ADDRESS JACKSON VIlle, FL. 32207 CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED