


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90002 038 \*\*\*\*61.25

**DOCUMENT # N03000005437**

1. Entity Name  
**HOME STREET LOFT CONDOMINIUMS OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**SIGNATURE REALTY MGMT  
 4003 HARTLEY RD  
 JACKSONVILLE, FL 32257 US**

Mailing Address  
**SIGNATURE REALTY MGMT  
 4003 HARTLEY RD  
 JACKSONVILLE, FL 32257 US**

**60021287**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**41-2101242**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SIGNATURE REALTY & MANAGEMENT INC.  
 BRYAN CANTRELL  
 4003 HARTLEY RD  
 JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

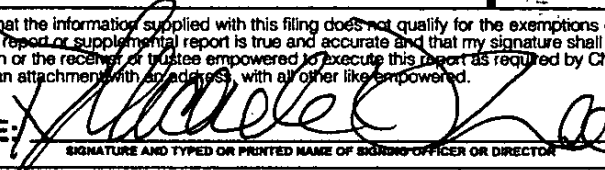
**Filing Fee is \$61.25 Due by May 1, 2006**

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	PD WONG, JASON 1050 HENDRICKS AVENUE, 301 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lee, Michele <input type="checkbox"/> Change <input type="checkbox"/> Addition 2277 Seminole Rd, Unit 10 Atlantic Beach, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAPANO, MARILYN <input type="checkbox"/> Delete 1050 HENDRICKS AVENUE, 201 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALAPANO, MARILYN <input type="checkbox"/> Change <input type="checkbox"/> Addition 1050 Hendricks Ave 202 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERKINS, JENNIFER <input type="checkbox"/> Delete 1050 HENDRICKS AVENUE, 202 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <del>JENNIFER</del> PERKINS, <input type="checkbox"/> Change <input type="checkbox"/> Addition JENNIFER 1050 HENDRICKS AVE # 202 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, STEPHEN R <input type="checkbox"/> Delete 1050 HENDRICKS AVENUE, 103 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WONG, JASON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1050 HENDRICKS AVE JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_