

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-08-2008 90041 034 ****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

66003104



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip
 Country

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

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE	PD	MARONE	<input type="checkbox"/> Delete
NAME	MARGONE, FRANK		
STREET ADDRESS	1859 OCEAN VILLIAGE DR		
CITY-ST-ZIP	AMELIA ISLAND, FL 32024		
TITLE	TD		<input type="checkbox"/> Delete
NAME	SAPANO, MARILYN		
STREET ADDRESS	1050 HENDRICKS AVENUE, 201		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE	SD		<input checked="" type="checkbox"/> Delete
NAME	HUGGINS, ELIZABETH		
STREET ADDRESS	557 LEMASTER DRIVE		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, JENNIFER		
STREET ADDRESS	4249 OCEANA PLACE		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
TITLE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAGGETT, MATTHEW		
STREET ADDRESS	1050 HENDRICKS AVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: FRANK MARONE DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR