2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

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DOCUMENT # N0300005725 1. Entity Name THE LOFTS AT BARRETT SQUARE OWNERS' ASSOCIATION, INC.				Secretary of State 05-02-2008 901 49 045 ****61.25					
34 NORTH B	ce of Business BARRETT SQUARE Y BEACH, FL 32413	Mailing Address PO BOX 611632 ROSEMARY BEACH, FL 3	32461		1 (124(14) Mir on	iss attil sistera suutik i	ESW FEIR GRISI ON	n (1861) - 1861 - 1861 - 1861	Mille di culu
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 56-2375	173			plied For
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add	litional
	6. Name and Address of Current	t Registered Agent			7. Name and A	ddress of New	Registered A	gent	
-TYSON, JAMES G			Name						
	DALUSIA AVE. DSA BEACH, FL 32459		Street A	Address (P.O. Box Number	s Not Accepta	ble)		
<u> </u>									
			City				FL	Zip Code	е
	e named entity submits this statement factors of registered agent.	or the purpose of changing its re	egistered office of	ır register	ed agent, or both,	in the State of	Florida. I am fa	amiliar with,	and accept
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SIGNATURE									
	Skripting typed or heroted name of recretered even	t and trie if engine his (NOTS: I	Denoticed Agent e-no		lubas septembro)		DATE		
	Signature, typed or printed name of registered agen	it and little if applicable. (NOTE:	Registered Agent signs	duré required	when reinstating)	la didamana b	DATE	and a second	000000 0 A
<u> </u>	Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	ture required	\$5.00 May Be Added to Fees	FI	Make check	mont of Si	一种原理性
10.	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND 0	9. Election Camp Trust Fund Co	paign Financing		\$5,00 May Be	以来是学行 者	Make check orida Depart	ment of St	tate
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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:

SIGNETAGE AND TYPED OR PRINTED NAME OF BRANCH OFF

ABBY WEATHER by 4/30/0

404-822-4593

Daytime Phone #