

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90013 010 ****61.25

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1. Entity Name

AVENUE LOFTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

425 N. ANDREWS AVENUE
 FORT LAUDERDALE FL 33301
 US

Mailing Address

C/O MERIDIAN REALTY MANAGEMENT
 P.O. BOX 460909
 FORT LAUDERDALE FL 33346
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

ONE FINANCIAL PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2001

City & State

City & State

FT. LAUD. FL

Zip

Country

Zip

Country

33394

USA

4. FEI Number

27-0065992

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURGESS, DAVID J
~~2170 SE 17TH ST~~
~~FORT LAUDERDALE FL 33346~~

Name

Street Address (P.O. Box Number is Not Acceptable)

ONE FINANCIAL PLAZA

SUITE 2001

City

FT. LAUDERDALE

FL

Zip Code

33394

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

DAVID BURGESS

2/8/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 PD Delete
 NAME HOOPER, ALAN
 STREET ADDRESS 425 N. ANDREWS AVENUE
 CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME BELLISSIMO, CHRIS
 STREET ADDRESS 425 N. ANDREWS AVENUE
 CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE Change Addition
 NAME STEVEN SMITH
 STREET ADDRESS 425 NORTH ANDREWS AVENUE
 CITY-ST-ZIP FORT LAUDERDALE, FLA 33301

TITLE STD Delete
 NAME HOOPER, CARMEN C
 STREET ADDRESS 425 N. ANDREWS AVENUE
 CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 Section 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

3-23-07

Date

Daytime Phone #