

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 27, 2007
Secretary of State**

DOCUMENT# N03000007226

Entity Name: AVENUE LOFTS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**425 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 US**New Principal Place of Business:****Current Mailing Address:**ONE FINANCIAL PLAZA
SUITE 2001
FORT LAUDERDALE, FL 33394 US**New Mailing Address:**1500 W CYPRESS CREEK ROAD
SUITE 419
FORT LAUDERDALE, FL 33309 US

FEI Number: 27-0065992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BURGESS, DAVID
ONE FINANCIAL PLAZA
SUITE 2001
FORT LAUDERDALE, FL 33394 US**Name and Address of New Registered Agent:**PERSONAL PROPERTY MANAGEMENT, INC.
1500 WEST CYPRESS CREEK ROAD
SUITE 419
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: ROBERT ABDREWS

11/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: HOOPER, ALAN
Address: 425 N. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301Title: VD () Delete
Name: SMITH, STEVEN
Address: 425 N. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301Title: STD () Delete
Name: HOOPER, CARMEN C
Address: 425 N. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: GELARDI, MICHAEL
Address: 434 N.W. 1ST AVE, APT 402
City-St-Zip: FT. LAUDERDALE, FL 33301Title: VD (X) Change () Addition
Name: HAMILTON, JUDI
Address: 425 N. ANDREWS AVENUE, APT 203
City-St-Zip: FT. LAUDERDALE, FL 33301Title: STD (X) Change () Addition
Name: WALD, LAWRENCE C
Address: 445 N. ANDREWS AVENUE, APT 404
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE WALD

ST

11/27/2007

Electronic Signature of Signing Officer or Director

Date