


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90059 038 \*\*\*\*61.25

<b>DOCUMENT # N03000008814</b> 1. Entity Name <b>LOFTS NORTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7500 RED RD MIAMI, FL 33143</b>			Mailing Address <b>7500 RED RD MIAMI, FL 33143</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01262004 Chg-NP CR2E037 (10/03)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FERNANDES, MARCELO</b> <b>7500 RED RD</b> <b>MIAMI, FL 33143</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	<b>FERNANDES, OTTONI</b>				
STREET ADDRESS	<b>7500 RED RD</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>				
TITLE	VSD	<input type="checkbox"/> Delete			
NAME	<b>FERNANDES, MARCELO</b>				
STREET ADDRESS	<b>7500 RED RD</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	<b>FERNANDES, EDUARDO</b>				
STREET ADDRESS	<b>7500 RED RD</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Marcelo Fernandes-VSD</u> <u>3/16/04</u> <u>305-663-1243</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					