

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000009308

1. Entity Name

**THE LOFTS OF CLEARWATER HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**423 CLEVELAND ST
STE#100
CLEARWATER, FL 33755**

Mailing Address

**423 CLEVELAND ST
STE#100
CLEARWATER, FL 33755**

FILED
Jan 24, 2005 08:00 AM
Secretary of State



01202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2149774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REICHEL, BERNARD
423 CLEVELAND STREET, STE 100
CLEARWATER, FL 33755**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME REICHEL, BERNARD K JR.
STREET ADDRESS 423 CLEVELAND ST
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE D
NAME FISCHLER, IDO
STREET ADDRESS 423 CLEVELAND ST
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE D
NAME VALTIN, PATRICK
STREET ADDRESS 423 CLEVELAND ST
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

PATRICK VALTIN

01-20-05

727 447 5579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #