
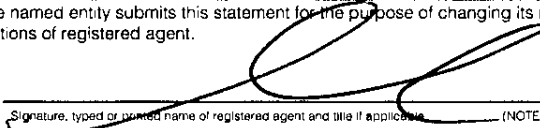
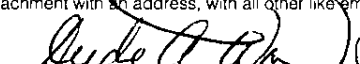


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000515					
1. Entity Name THE LOFTS AT BYRON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 501-503-505 74TH STREET MIAMI BEACH, FL 33141 US			Mailing Address C/O GAMARRA & ASSOCIATES, LLC 18851 NE 29 AVENUE SUITE 706 AVENTURA, FL 33180 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Suite, Apt. #, etc. P.O. Box 402507		10302008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		City & State Miami Beach, Florida		4. FEI Number 90-0141421	
City & State		City & State Miami Beach, Florida		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33140		Country U.S.A			
6. Name and Address of Current Registered Agent GAMARRA & ASSOCIATES, LLC 18851 NE 29 AVENUE SUITE 706 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name: Complete Property Management Street Address (P.O. Box Number is Not Acceptable): Resources, Inc. 3550 Biscayne Blvd. Suite 401 City: Miami FL Zip Code: 33137		
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: 				DATE: 12/09/08	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 P	NAME WASHINGTON, DEIDRE	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 501 74 STREET #A7	CITY-ST-ZIP MIAMI BEACH, FL 33141		NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE VP	NAME BATISTA, RAUL	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1595 NORMANDY DRIVE	CITY-ST-ZIP MIAMI BEACH, FL 33141		NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE S	NAME PATINO, ANGELA	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 537 RACQUET CLUB RD #40	CITY-ST-ZIP WESTON, FL 33326		NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		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 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: 			Pres. of bcl Dec 9, 2008 305-528-6829		
Signature and typed or printed name of signing officer or director			Date Daytime Phone #		

FILED
09 JAN 28 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

