## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000515

Apr 15, 2<u>01</u>0 Secretary of State

Entity Name: THE LOFTS AT BYRON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

501-503-505 74TH STREET MIAMI BEACH, FL 33141

**Current Mailing Address:** 

**New Mailing Address:** 

C/O COMPLETE PROPERTY MGMT. P.O. BOX 402507

P.O. BOX 402507 MIAMI BEACH, FL 33140 US

MIAMI BEACH, FL 33140

Certificate of Status Desired ( )

FEI Number: 90-0141421

MIAMI, FL 33132 US

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C/O BARCLAY'S COMPLETE PROPERTY MGMT.

BARCLAY'S COMPLETE PROPERTY MANAGEMENT 555 NE 15TH STREET SUITE 200

150 SOUTH PINE ISLAND ROAD SUITE 540

PLANTATION, FL 33324 US

BAKALAR & ASSOCIATES, P.A.

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: MICHAEL BAKALAR

04/15/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

WASHINGTON, DEIDRE Name: Address: P.O. BOX 402507

City-St-Zip: MIAMI BEACH, FL 33140 US

Title:

Name: NIEDERGALL, MARY Address: P.O. BOX 402507 City-St-Zip: MIAMI BEACH, FL 33140

Title:

KOWALEWSKI, MICHAEL Name: Address: P.O. BOX 402507 City-St-Zip: MIAMI BEACH, FL 33140

Title:

Name: BATISTA, RAUL P.O. BOX 402507 Address: MIAMI BEACH, FL 33140 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: DEIDRE WASHINGTON

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04/15/2010