

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001635

FILED
Mar 20, 2009
Secretary of State

Entity Name: ART CENTER LOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

777 S. HARBOUR ISLAND BLVD STE 270
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

777 S. HARBOUR ISLAND BLVD STE 270
TAMPA, FL 33602

New Mailing Address:

101 EAST KENNEDY BLVD., STE.#2800
BANK OF AMERICA PLAZA
TAMPA, FL 33602

FEI Number: 55-0882116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CODOMINIUM ASSOCIATES
777 S. HARBOUR ISLAND BLVD STE 270
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BLVD., STE.#2800
BANK OF AMERICA PLAZA
TAMPA, FL 33602 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: JOHN INGLIS

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWANTEK, STEVEN
Address: 1501 DOYLE CARLTON DR., #104
City-St-Zip: TAMPA, FL 33602

Title: VD () Delete
Name: WHEELER, DON
Address: 1501 DOYLE CARLTON DR., #402
City-St-Zip: TAMPA, FL 33602

Title: DST () Delete
Name: HUNTSMAN, JENNIFER
Address: 1501 DOYLE CARLTON DR. #303
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN SWANTEK

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date