

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008731

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: LOFTS AT 341, INC.

**Current Principal Place of Business:**

341 THIRD STREET SOUTH  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

341 THIRD STREET SOUTH  
ST PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 26-2103069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILLARI, MARCO  
341 THIRD STREET SOUTH  
ST PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

PROFESSIONAL PAYWAY MANAGEMENT  
341 THIRD STREET SOUTH  
ST PETERSBURG, FL 33701 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: PBM

02/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DONALD, ALVAN C  
Address: 341 THIRD STREET SOUTH  
City-St-Zip: ST PETERSBURG, FL 33701

Title: DV ( ) Delete  
Name: VILLARI, GIUSEPPE  
Address: 341 THIRD STREET SOUTH  
City-St-Zip: ST PETERSBURG, FL 33701

Title: DV ( ) Delete  
Name: VILLARI, MARCO  
Address: 341 THIRD STREET SOUTH  
City-St-Zip: ST PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CARDER, PAUL  
Address: 341 THIRD STREET SOUTH  
City-St-Zip: ST PETERSBURG, FL 33701

Title: DT (X) Change ( ) Addition  
Name: MITCHELL, ROBERT  
Address: 341 THIRD STREET SOUTH  
City-St-Zip: ST PETERSBURG, FL 33701

Title: DS (X) Change ( ) Addition  
Name: PERSON, MARCIA  
Address: 341 THIRD STREET SOUTH  
City-St-Zip: ST PETERSBURG, FL 33701

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: WCN

RA

02/19/2009

Electronic Signature of Signing Officer or Director

Date