2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# N04000010770

Entity Name: DOMICILE LOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2129 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

2129 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 51-0532066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGATTA REAL ESTATE MANAGEMENT
309 23RD STREET
300
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SULLIVAN, CHARLES
Address: 2129 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD ( ) Delete
Name: NELLHAUS, PETER
Address: 2129 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD ( ) Delete
Name: BARROSO, GILBERT0
Address: 2129 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FERREIRA, ALEX
Address: 2129 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Change ( ) Addition
Name: ROMAN, RUBINOVITCH
Address: 2129 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD (X) Change ( ) Addition
Name: JOSEPH, FERREIRA
Address: 2129 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

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: TIM A. VODA OFF 03/11/2008

Electronic Signature of Signing Officer or Director — Date