
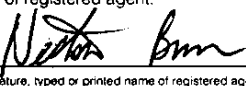



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90039 035 ****61.25

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| DOCUMENT # N04000012010 | |  | |
| 1. Entity Name THE LOFTS AT WEST UNIVERSITY AVENUE CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 118 WEST ADAMS STREET SUITE 700 JACKSONVILLE, FL 32202 | | Mailing Address 118 WEST ADAMS STREET SUITE 700 JACKSONVILLE, FL 32202 | |
| 2. Principal Place of Business - No P.O. Box # 1731 NW 6TH STREET | | 3. Mailing Address PO BOX 14506 | |
| Suite, Apt. #, etc. SUITE A | | Suite, Apt. #, etc. | |
| City & State GAINESVILLE FL | | City & State GAINESVILLE FL | |
| Zip 32609 | County ALACHUA | Zip 32604 | County ALACHUA |
| 6. Name and Address of Current Registered Agent LANGTON, MICHAEL E 118 WEST ADAMS STREET SUITE 700 JACKSONVILLE, FL 32202 | | 7. Name and Address of New Registered Agent Name WESTON BAUR/ED BAUR MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) DBA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6TH STREET SUITE A City GAINESVILLE FL Zip Code 32609 | |
| 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 5-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LANGTON, MICHAEL E 118 WEST ADAMS STREET, SUITE 700 JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. TIM FENNEL 5839 JOHN ANDERSON HIGHWAY FLAGLER BEACH FL 32136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BROWN, CHRISTOPHER J 118 WEST ADAMS STREET, SUITE 700 JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. MICHAEL LANGTON 118 W. ADAMS STREET STE 700 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LANGTON, BRIAN 118 WEST ADAMS STREET, SUITE 700 JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROBERT BALCKWOOD 1208 CIMARRON CIRCLE NW BRADENTON FL 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T. ALAN DORINI 1720 SE 9TH STREET FT. LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAM WARD 4855 TAMAROND RIDGE ROAD NAPLES FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | TIMOTHY A. FENNEL (res) 5/1/07 386-677-9905 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small> | |