

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012010

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE LOFTS AT WEST UNIVERSITY AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1731 NW 6TH ST
STE A
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

PO BOX 14506
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 06-1793609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTON BAUR/ED BAUR MANAGEMENT INC.
DBA FLORIDA COMMUNITY MANAGEMENT
1731 NW 6TH ST STE A
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

ED BAUR MANAGEMENT, INC.
1731 NW 6TH STREET
STE A
GAINESVILLE, FL 32609 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: HAL WHITTET

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FENNELL, TIM
Address: 5839 JOHN ANDERSON HWY
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP () Delete
Name: LANGTON, MICHAEL
Address: 118 W. ADAMS ST. STE 700
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: BLACKWOOD, ROBERT
Address: 1208 CIMARRON CIR. NW
City-St-Zip: BRADENTON, FL 34209

Title: T (X) Delete
Name: DORINI, ALAN
Address: 1720 SE 9TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D (X) Delete
Name: WARD, WILLIAM
Address: 4855 TAMAROMD RIDGE RD.
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LANGTON, MICHAEL
Address: 118 W. ADAMS ST. STE 700
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S/T (X) Change () Addition
Name: BLCKWOOD, ROBERT
Address: 1208 CIMARRON CIR. NW
City-St-Zip: BRADENTON, FL 34209 US

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: TIM FENNELL

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date