## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003829

FILED Apr 28, 2009 Secretary of State

Entity Name: THE LOFTS AT ABBOTT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

320 80TH STREET 320 80TH STREET

MIAMI BEACH, FL 33141 US MIAMI BEACH, FL 33141 US

Current Mailing Address: New Mailing Address:

12955 BISCAYNE BLVD. STE. 304 2999 NE 191 STREET

NORTH MIAMI,, FL 33181 SUITE 704

AVENTURA, FL 33180 US

FEI Number: 86-1138576 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCHMAELING, RICHARD GAMARRA & ASSOCIATES, LLC

12955 BISCAYNE BLVD. STE. 304 2999 NE 191 STREET NORTH MIAMI BEACH, FL 33181 US SUITE 704

IORTH MIAMI BEACH, FL 33181 US SUITE 704 AVENTURA. FL 33180 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: ORLANDO GAMARRA JR CPA 04/28/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 T
 ( ) Delete
 Title:
 T
 ( X) Change ( ) Addition

 Name:
 GAMARRA, ORLANDO H
 Name:
 GAMARRA, ORLANDO H

 Address:
 18851 NE 29TH AVE. STE 715
 Address:
 2999 NE 191 STREET STE 704

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 AVENTURA, FL 33180 US

Title: SEC. ( ) Delete Title: SEC (X) Change ( ) Addition

Name: DIAZ, DIANA Name: DIAZ, DIANA

Address: 701 THREE ISLAND BLVD. APT. 312 Address: 701 THREE ISLAND BLVD. APT. 312
City-St-Zip: HALLANDALE, FL 33029 City-St-Zip: HALLANDALE, FL 33029 US

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DENNIS, JOHN
 Name:

 Address:
 6917 COLLINS AVENUE UNIT 914
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33141
 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: ORLANDO GAMARRA JR CPA T 04/28/2009