
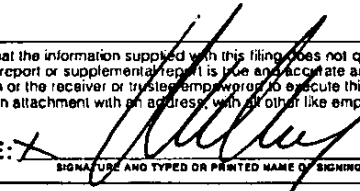


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

2/ **FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90044 027 \*\*\*\*61.25

<b>DOCUMENT # N05000005836</b>			
1. Entity Name <b>SOHO LOFTS I ASSOCIATION, INC.</b>			
Principal Place of Business <b>211 SOUTHWEST 20TH STREET FORT LAUDERDALE, FL 33315</b>		Mailing Address <b>14201 WEST SUNRISE BLVD SUITE 201 SUNRISE, FL 33323</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MANCILL, JOSEPH 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and site if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-appointing)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD BARR, DANIEL A 14261 WEST SUNRISE BLVD SUITE 201 SUNRISE, FL 33323</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD FINOGEISS, CLIFFORD J 14201 WEST SUNRISE BLVD SUITE 201 SUNRISE, FL 33323</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>FINOGEISS, J. CLIFFORD</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD COX, ED W 14201 WEST SUNRISE BLVD SUITE 201 SUNRISE, FL 33323</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: <b>3/7/06</b> Daytime Phone #: <b>954 551 3613</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required