

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90033 037 ****61.25

DOCUMENT # N05000006769 1. Entity Name LOFT DOWNTOWN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 234 NE THIRD ST MIAMI, FL 33132			Mailing Address 234 NE THIRD ST MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3095419	
Zip		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SZOPA, ALIA A THE LOFT DOWNTOWN CONDO ASSOC. 234 NE THIRD STREET MIAMI, FL 33132			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>Alia Szopa</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE: <u>19-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZOPA, ALIA A 234 NE THIRD STREET MIAMI, FL 33132 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROE, CAMERON 234 NE THIRD STREET MIAMI, FL 33132 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice President / Treasurer. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROE, Cameron 234 N.E. 3RD ST Miami, FL 33132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BECERRA, LUIS F 234 NE THIRD ST MIAMI, FL 33132 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donn Peterson 234 NE 3RD ST Miami, FL 33132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <u><i>Donn G. Peterson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>01/09/2008</u> <small>Daytime Phone #</small>		

DONN G. PETERSON / SECRETARY