

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008118

FILED  
Apr 09, 2010  
Secretary of State

**Entity Name:** UPTOWN LOFTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2275 BISCAYNE BLVD.  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AAA MANAGEMENT SERVICES, INC.  
P.O. BOX 11981  
MIAMI, FL 331011981 US

**New Mailing Address:**

**FEI Number:** 32-0162582      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BLAXBERG, GRAYSON & KUKOFF, P.A.  
25 S.E. 2ND AVENUE  
SUITE 730  
MIAMI, FL 33131 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CROSBY, MARIA  
Address: 2 GROVE ISLE, APT.# 308  
City-St-Zip: MIAMI, FL 33133

Title: VP  
Name: COPPOLA, JOHN  
Address: 2275 BISCAYNE BLVD. # 709  
City-St-Zip: MIAMI, FL 33137

Title: T  
Name: TAYLOR, ADAM  
Address: 2275 BISCAYNE BLVD. # 809  
City-St-Zip: MIAMI, FL 33137

Title: S  
Name: GUERRA, LINNETTE  
Address: 2275 BISCAYNE BLVD. # CU-01  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: PASTOR, MARIANO  
Address: 2275 BISCAYNE BLVD. # CU-11  
City-St-Zip: MIAMI, FL 33137

I hereby 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 all other like empowered.

SIGNATURE: MARIA CROSBY

P

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date