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Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90193 024 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000000914

1. Entity Name
HIGHLAND PARK LOFTS CONDOMINIUM ASSOCIATION, INC.

40069453

Principal Place of Business	Mailing Address
10225 COLLINS AVENUE SUITE 1701 BAL HARBOUR, FL 33154	10225 COLLINS AVENUE SUITE 1701 BAL HARBOUR, FL 33154

04042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1350 N.W. 8th Court	1350 N.W. 8th Court
Suite, Apt. #, etc. Miami, FL	Suite, Apt. #, etc. Miami, FL
City & State 33136 USA	City & State Key Bi...
Zip / Country	Zip 33136 / Country USA

4. FEI Number 45-0558503 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIOTRKOWSKI, JOEL S 317 - 71ST STREET MIAMI BEACH, FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PTD JOHNSON, LEON ~~10225 COLLINS AVENUE SUITE 1701~~ ~~BAL HARBOUR, FL 33154~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 445 Grand Bay Dr., PH-1B Key Biscayne, FL 33149
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD MARGULIES, MICHAEL ~~10225 COLLINS AVENUE SUITE 1701~~ ~~BAL HARBOUR, FL 33154~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 445 Grand Bay Dr., PH-1B Key Biscayne, FL 33149
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, ARMANDO 604 MAJORCA AVENUE CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X Leon Johnson Leon Johnson 4/4/07 305-865-4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #