

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N06000000914</b>  |   |
| 1. Entity Name<br>HIGHLAND PARK LOFTS CONDOMINIUM ASSOCIATION, INC.   |   |
| Principal Place of Business<br>1350 N.W. 8TH COURT<br>MIAMI, FL 33136 | Mailing Address<br>1350 N.W. 8TH COURT<br>MIAMI, FL 33136 |



02072008 No Chg-NP CR2E037 (4/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>45-0558503 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PIOTRKOWSKI, JOEL S  
317 - 71ST STREET  
MIAMI BEACH, FL 33141

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                          |
|----------------|--------------------------|
| TITLE          | PTD                      |
| NAME           | JOHNSON, LEON            |
| STREET ADDRESS | 445 GRAND BAY DR., PH-1B |
| CITY-ST-ZIP    | KEY BISCAYNE, FL 33149   |
| TITLE          | SVD                      |
| NAME           | MARGULIES, MICHAEL       |
| STREET ADDRESS | 445 GRAND BAY DR., PH-1B |
| CITY-ST-ZIP    | KEY BISCAYNE, FL 33149   |
| TITLE          | D                        |
| NAME           | GUTIERREZ, ARMANDO       |
| STREET ADDRESS | 604 MAJORCA AVENUE       |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134   |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

**DO NOT WRITE  
IN THIS SPACE**

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: Leon Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08 (305) 326-9188

Date Daytime Phone #