

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

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000002386	
1. Entity Name THE LOFTS AT CENTRAL PARK PLAZA CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business % CENTRAL PARK PLAZA, 1ST FL SALES OFFICE 326 FERN STREET WEST PALM BEACH, FL 33401	Mailing Address % CASEY CIKLIN LUBITZ MARTENS & O'CONNELL 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401



04182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CRANE, ROBERT L ESQ.
C/O CASEY CIKLIN LUBITZ MARTENS & O'CONNELL
515 N. FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH, FL 33401**

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-08

**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	PD
NAME	ENGEL, JAMES M
STREET ADDRESS	910 W VAN BUREN #403
CITY-ST-ZIP	CHICAGO, IL 60607
TITLE	VPSD
NAME	SULZER, JAMES M
STREET ADDRESS	10 S LASALLE STREET #3505
CITY-ST-ZIP	CHICAGO, IL 60603
TITLE	TD
NAME	ROPPOLO, CARL
STREET ADDRESS	532 WHITNEY BLVD
CITY-ST-ZIP	BELVIDERE, IL 61008
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000923569

05/16/08-80035-014-61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

Daytime Phone #