2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 21, 2007 8:00 am Secretary of State DOCUMENT # N06000003541 05-21-2007 90057 001 ****61.25 VILLÁ LOFTS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4011" 2828 CORAL WAY 2828 CORAL WAY PH SUITE PH SUITE MIAMI, FL 33145 MIAM), FL 33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1617 No. Flagler Dr 1617 No. Flager Do Suite, Apt. #, etc Suite, Apt. #, etc. 05082007 Cha-NP CR2E037 (12/06) City & State WEST PAIM City & State 4. El Number Applied For 85-0486750 WEST PAIM Not Applicable Country \$8.75 Additional Bch 5. Certificate of Status Desired 3340 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAThleen DE LOS SANTOS, OLGA Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY PH SUITE MIAMI, FL 33145 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 A (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Due by September 14, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE **Д** Delete Presi Den7 TILLE ___unange ____ Addition NAME SALK, BARBARA NAME GIORIA BLACKBUY 2828 CORAL WAY, PH SUITE STREET ADDRESS STREET ADDRESS APT 602 1617 No. FLAGIER Dr CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP West PAM <u>3340</u>7 VD TITLE Delete TITLE Treasurer ☐ Addition ☐ Change PENA, ARTURO NAME NAME Olivera MARJANOVIC STREET ADDRESS 2828 CORAL WAY, PH SUITE STREET ADDRESS West Palm BCh F ADT 904 CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP 33407 STD TITLE Detete TITLE ☐ Change Secretary HERNANDEZ, ANGEL NAME NAME Sonja Abrahamsen STREET ADDRESS 2828 CORAL WAY, PH SUITE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attractment with an address, with all other like empowered.

LONGSMANIC OLIVERA MARDANOVIC

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

FILED

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