## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 11, 2007 8:00 am Secretary of State

Residence of Business - No P.O. Box # 2594-2695 MAGINA WEINE COCONIT GROVE, FL 33133    2. Precipial Place of Business - No P.O. Box # 3. Mailing Address    Sulp. April # 612	DOCUMENT # N0600005243  1. Entity Name LOFTS IN THE GROVE CONDOMINIUM ASSOCIATION, INC.										7-11-2007 9	0074 04:	5 ****70.	00
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DELGADO, CSCAR J 7550 NW 156 STREET SUITE 104 MIAMI LAKES, FL 33016  City HialeM FL Zip Code (In the obligations of registrary and approach and accept to obligations of registrary and accept to the obligation and accept to the obligati		6. Name	and Address of Current	Registere	d Agent				7. Nam	e and Ad	ddress of New F	Registered	Agent	
City #   August   City   Aug	DELGADO, OSCAR J 7950 NW 155 STREET						Street A	TECTO ASSOCIATION Management Address (P.O. Box Number is Not Acceptable)						
B. The above named onlity 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    Comparison of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Comparison of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Comparison of the State of Florida Department of State			33016											
The obligations of registriged agent.  SIGNATURE Signuture, hybrid or printed registric degret and size if applicable  Filling Fee Is \$61.25  Due by September 14, 2007  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  THE PD DELAGO, OSCAR J DELAGO, OSCAR J DELAGO, OSCAR J SIRET ADDRESS CITY-S1-2P  COCONUT GROVE, FL 33133  DEMAR, SUSAN  SIRET ADDRESS CITY-S1-2P  DEMAR, SUSAN  SIRET ADDRESS CITY-S1-2P  DEMAR, SUSAN  DEMAR, SUSAN  DEMAR, SUSAN  DEMAR SUSAN  DEMAR SUSAN  DEMAR SUSAN  DEMAR, SUSAN  DEMAR, SUSAN  DEMAR, SUSAN  DEMAR SUSAN  DEMAR, SUSAN  DEMAR SUSAN  DEMAR, SUSAN  DEMAR SUSAN  DEMA							1						5/6	
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   PD	the obligat			r the purpo		·		•	J		in the State of FI	,		, and accept
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NAME STREET ADDRESS CITY-ST-2IP COCONUT GROVE, FL 33133  Delete  TITLE MAME DELAGO, JOSE M STREET ADDRESS CITY-ST-2IP NAME DELAGO, JOSE M STREET ADDRESS CITY-ST-2IP NAME DEMAR, SUSAN DEMAR, SUSAN DEMAR, SUSAN STREET ADDRESS CITY-ST-2IP COCONUT GROVE, FL 33133  DEMAR, SUSAN DEMAR, SUSAN STREET ADDRESS CITY-ST-2IP COCONUT GROVE, FL 33133  Delete TITLE MAME STREET ADDRESS CITY-ST-2IP TITLE MAME STREET ADDRESS CI		Filing Fe	ee is \$61.25	and title if appl	9. Election Car	mpaign f	Financing		\$5.00	May Be		DATE	k payable t	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 11s, Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD DELAGO 2694-269 COCONL VD DELAGO 2694-269 COCONL STD DEMAR, 2694-269	OFFICERS AND DIF OFFICERS AND DIF OFFI OFFI OFFI OFFI OFFI OFFI OFFI O		9. Election Car Trust Fund (	TITLE NAMES THE CITY	EET ADDRESS (-ST-ZIP  EET ADDRESS	Pre: Oliv 760 Wia V-P FIMO 740 Hia	\$5.00 in Added to Add	May Be Fees S/CHAN TTO 20 A 4 - k 20 A	re suite 1 33016	Make chec rida Depai RS AND DI	k payable to the	Addition  Addition  Addition

I nereby 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:** 

HONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR