2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005243

FILED Apr 29, 2009 Secretary of State

Entity Name: LOFTS IN THE GROVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2694-2695 INAGUA AVENUE 2694 INAGUA AVENUE

COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

7600 W. 20 AVE 15476 NW 77 COURT

SUITE 217 #408

HIALEAH, FL 33016 MIAMI, FL 33016

FEI Number: 59-2237280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TERRA ASSOCIATION MANAGEMENT

7600 W. 20 AVE SUITE #217

5835 BLUE LAGOON DRIVE

HIALEAH, FL 33016 US SUITE 302 MIAMI, FL 33126 US

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.

SIGNATURE: JOSE L. BALOYRA 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 OLIVA, OTTO
 Name:
 PEPE, CAZAS

 Address:
 7600 W. 20 AVE SUITE #217
 Address:
 15476 NW 77 COURT #408

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:
 MIAMI LAKES, FL 33016

Title: VD () Delete Title: VD (X) Change () Add

Title: VD () Delete Title: VD (X) Change () Addition Name: ELMAN, MARK Name: ELMAN, MARK

Address: 7600 W. 20 AVE SUITE #217 Address: 15476 NW 77 COURT #408
City-St-Zip: HIALEAH, FL 33016 City-St-Zip: MIAMI LAKES, FL 33016

 $\label{eq:title:start} \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{(X) Change () Addition}$

Name: CAZAS, PEPE Name: CAZAS, PEDRO

 Address:
 7600 W 20 AVE 217
 Address:
 15476 NW 77 COURT #408

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:
 MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEPE CAZAS P 04/29/2009