FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90173 008 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010412

1. Entity Name
BOX FACTORY LOFTS CONDOMINIUM ASSOCIATION, INC.

40095069

Principal Place of Business	Mailing Address
~~ONE ALLIANCE CENTER STE 800~~ ~~3500 LENOX RD~~ ~~ATLANTA, GA 33026~~	3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762

01182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3001 Executive Dr.	
Suite, Apt. #, etc.: Suite 260	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State
Zip: 33762 Country: Pinellas	Zip Country

4. FEI Number 20-8139484 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: GD Caldwell, Vice President 4/17/08
Signature, typed or printed name of registered agent and title if applicable. (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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOBLE, KEN H III ONE ALLIANCE CENTER STE 800 ATLANTA, GA 33026	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PERRY, J. JASON ONE ALLIANCE CENTER STE 800 ATLANTA, GA 33026	☐ Delete	PD Perry J. Jason 3280 Peachtree Rd STE 600 Terminus 100 Atlanta, GA 30305	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MILES, DANIEL J ONE ALLIANCE CENTER STE 800 ATLANTA, GA 33026	☑ Delete	STD Huckaby John 3280 Peachtree Rd STE 600 Terminus 100 Atlanta, GA 30305	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Renshaw Camellio 8001 EAST 2nd AVE UNIT 8-C Tampa, FL 33605	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: John Huckaby 4/18/08 404-965-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #