2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N06000010728

Entity Name: LOFTS OASIS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1731 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32609

New Principal Place of Business:

2515 SW 35TH PLACE
120
GAINESVILLE, FL 32608

Current Mailing Address:

P.O. BOX 14506
GAINESVILLE, FL 32604

New Mailing Address:

500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607

FEI Number: 20-8282861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUR, WESTON
ED BAUR MANAGEMENT INC.
1731 NW 6TH STREET, SUITE A
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

PROPERTY SOLUTIONS OF NORTH CENTRAL FLORID
500 NW 43RD STREET
SUITE-3
GAINESVILLE, FL 32607 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: GENE HAUFLER 02/13/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: STADLEN, JOSEPH H.
Address: 5100 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL 33021

Title: DV ( ) Delete
Name: STADLEN, ARTHUR N.
Address: 5100 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL 33021

Title: DST ( ) Delete
Name: STADLEN, ILENE Y.
Address: 5100 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSEPH H. STADLEN DP 02/13/2009
Electronic Signature of Signing Officer or Director — Date