

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

03-18-2008 90020 005 ****61.25

DOCUMENT # N07000000145 1. Entity Name ISLAND CITY LOFTS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 312 S.E. 17TH STREET 2ND FLOOR FORT LAUDERDALE, FL 33316		Mailing Address 312 S.E. 17TH STREET 2ND FLOOR FORT LAUDERDALE, FL 33316	
2. Principal Place of Business - No P.O. Box # 124 NE 3RD ST		3. Mailing Address 124 NE 3RD ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Bch, FL	
Zip 33060		Zip 33060	
Country BROWARD		Country BROWARD	
4. FEI Number 20-8163858		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAAVEDRA, DAMASO W 312 S.E. 17TH STREET 2ND FLOOR FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name KIP FARRIS Street Address (P.O. Box Number is Not Acceptable) 124 NE 3RD ST City Pompano Bch FL Zip Code 33060	
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 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 3/11/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P JOLLEY, ROBERT 312 S.E. 17TH STREET, 2ND FLOOR FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S KENMIKEL 2301 WILTON DRIVE WILTON MANORS FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDY VELAZQUEZ 2301 WILTON DRIVE WILTON MANORS FL 33305 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, or other like empowered.			
SIGNATURE:		DATE 3/11/08	
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCHING OFFICER OR DIRECTOR		Daytime Phone # 954 786 7414	