

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2009  
Secretary of State**

DOCUMENT# N07000004301

**Entity Name:** STAR LOFTS ON THE BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180

**New Principal Place of Business:**

**New Mailing Address:**

10112 USA TODAY WAY  
MIRAMAR, FL 33025

**Current Mailing Address:**

18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180

FEI Number: 20-8945843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROUSSO, MARK E ESQ.  
18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VSD ( ) Delete  
Name: BOULANGER, LAURIS  
Address: 1986 NE 149TH STREET  
City-St-Zip: NORTH MIAMI, FL 33179

Title: TD ( ) Delete  
Name: HIRSCHFELD, DAVID  
Address: 5524 ETON COURT  
City-St-Zip: BOCA RATON, FL 33486

Title: PD ( ) Delete  
Name: WATSON, JAMES  
Address: 700 NE 25TH ST STE 1801  
City-St-Zip: MIAMI, FL 33137

**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: DAVID HIRSCHFELD

TD

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date