2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005410

FILED Apr 28, 2008 Secretary of State

Entity Name: LOFTS AT MAYFAIR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	LINS AVENUE ACH, FL 33140			
urrent N	lailing Address:	New Mailing Address	s:	
	LINS AVENUE ACH, FL 33140			
I Number	: FEI Number Applied For	() FEI Number Not Applicable (X)	Certificate of Status Desired ()	
ame and	d Address of Current Registered Age	nt: Name and Address o	of New Registered Agent:	
5 EAST	RECT AGENTS, INC. PARK AVENUE SSEE, FL 32301 US			
15 EAST ALLAHA ne above	PARK AVENUE	r the purpose of changing its registered	d office or registered agent, or both,	
5 EAST ALLAHA ne above the State	PARK AVENUE SSEE, FL 32301 US e named entity submits this statement fo e of Florida.	or the purpose of changing its registered	d office or registered agent, or both,	
5 EAST ALLAHA: ne above the State	PARK AVENUE SSEE, FL 32301 US e named entity submits this statement fo e of Florida.		d office or registered agent, or both, Date	
5 EAST ALLAHA: ne above the State GNATU	PARK AVENUE SSEE, FL 32301 US e named entity submits this statement fo e of Florida. RE:	ed Agent		
5 EAST ALLAHA: ne above the State GNATU	PARK AVENUE SSEE, FL 32301 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Register	ed Agent	Date	
5 EAST ALLAHA: e above the State GNATU FFICER e: me: dress:	PARK AVENUE SSEE, FL 32301 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registers S AND DIRECTORS: PD () Delete CHRISTA, DAVID F 3737 COLLINS AVENUE	ed Agent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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 CHRISTA PD 04/28/2008