

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N08654

1. Entity Name
**THE LOFTS OF PALM GARDEN HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**4875 SW 64 WAY
DAVIE, FL 33314 US**

Mailing Address
**4875 SW 64 WAY
DAVIE, FL 33314 US**



03072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0575827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOH, DAWN
4875 SW 64 WAY
DAVIE, FL 33314**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINN, JANE
STREET ADDRESS	4874 SW 64 WAY
CITY-ST-ZIP	DAVIE, FL 33314

TITLE	VPD
NAME	LOH, DAWN
STREET ADDRESS	4861 SW 64 WAY
CITY-ST-ZIP	DAVIE, FL 33314

TITLE	SD
NAME	ALE, KELLI
STREET ADDRESS	4870 SW 64 WAY
CITY-ST-ZIP	DAVIE, FL 33314

TITLE	T
NAME	GURDYAL, ANITA
STREET ADDRESS	4860 S.W. 64TH WAY
CITY-ST-ZIP	DAVIE, FL 33314

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000889623
04/22/08-87062-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anita Gurdya - Anita Gurdya / 3/31/08 954-895-6850