2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N08654

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

Current Principal Place of Business:

4875 SW 64 WAY
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4875 SW 64 WAY
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 65-0575827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOH, DAWN
4875 SW 64 WAY
DAVIE, FL 33314 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: VPD ( ) Delete
Name: LOH, DAWN
Address: 4861 SW 64 WAY
City-St-Zip: DAVIE, FL 33314

Title: SD ( ) Delete
Name: ALE, KELLI
Address: 4870 SW 64 WAY
City-St-Zip: DAVIE, FL 33314

Title: T ( ) Delete
Name: GURDYAL, ANITA
Address: 4860 S.W. 64TH WAY
City-St-Zip: DAVIE, FL 33314

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: LOH, DAWN
Address: 4875 SW 64 WAY
City-St-Zip: DAVIE, FL 33314

Title: SD (X) Change ( ) Addition
Name: ALE, KELLI
Address: 4861 SW 64 WAY
City-St-Zip: DAVIE, FL 33314

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

Title: PD ( ) Change (X) Addition
Name: RITCHIE, LEE
Address: 4861 SW 64 WAY
City-St-Zip: DAVIE, FL 33314

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: LEE RITCHIE PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date