

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006107

**Entity Name:** THE LOFTS AT SEBASTIAN COVE CONDOMINIUM  
ASSOCIATION, INC.

**Current Principal Place of Business:**

2806 N. FIFTH STREET  
UNIT 403  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

2806 N. FIFTH STREET  
UNIT 403  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 26-0399446

**Certificate of Status Desired:** No

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

RIZZETTA & COMPANY, INC.  
2806 N. FIFTH STREET  
UNIT 403  
ST. AUGUSTINE, FL 32084 US

*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

**Officer/Director Detail :**

Title VP  
Name FOSSELMAN, MICHAEL  
Address 2806 N. FIFTH STREET, UNIT 403  
City-State-Zip: ST. AUGUSTINE FL 32084

Title PRESIDENT  
Name PORTER, ROBERT  
Address 2806 N. FIFTH STREET  
UNIT 403  
City-State-Zip: ST. AUGUSTINE FL 32084

Title SECRETARY/TREASURER  
Name RADER, GLORIA  
Address 2806 NORTH FIFTH STREET  
UNIT 403  
City-State-Zip: ST. AUGUSTINE FL 32084

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT PORTER

**PRESIDENT**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date