

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723739

1. Entity Name

THE TOWNHOUSES AT NOVA CONDOMINIUM, INC., NO. 3

Principal Place of Business

3745 SW 59 AVENUE
DAVIE FL 33314
US

Mailing Address

3745 SW 59 AVENUE
DAVIE FL 33314
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

DE Zip

Country

4. FEI Number 65-0284335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHER, ARLENE
3745 SW 59 AVENUE
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FISHER, ARLENE	
STREET ADDRESS	3745 S.W. 59 AVENUE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURSZTYN, SANDRA	
STREET ADDRESS	3749 SW 59 AVENUE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LARocca, BARBARA	
STREET ADDRESS	3701 SW 59TH AVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARLEY, LENA	
STREET ADDRESS	3739 SW 59 AVENUE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDERO, SANDY	
STREET ADDRESS	3729 SW 59 AVENUE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHANSON, TERRI	
STREET ADDRESS	3755 SW 59 AVENUE	
CITY-ST-ZIP	DAVIE FL 33314	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Arleene Fisher*

Pres 1/23/02

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90061 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)