

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90131 033 ****61.25

DOCUMENT # 723739

1. Entity Name
THE TOWNHOUSES AT NOVA CONDOMINIUM, INC., NO. 3



Principal Place of Business
**3661 SW 59TH AVE
DAVIE, FL 33314 US**

Mailing Address
**3661 SW 59TH AVE
DAVIE, FL 33314 US**

2. Principal Place of Business
3745 SW 59th Ave
Suite, Apt. #, etc.

3. Mailing Address
3745 SW 59th Ave
Suite, Apt. #, etc.

03282006 Chg-NP CR2E037 (11/05)

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

**SHEA, THOMAS J III
644 S.W. 4TH AVENUE
FT. LAUDERDALE, FL 33301**

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. 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

3/29/2006

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **BM** ☐ Delete
NAME **LAUMAN, DOROTHY**
STREET ADDRESS **3745 S.W. 59 AVENUE**
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **P** ☒ Delete
NAME **CONDE, ALBERTO**
STREET ADDRESS **3689 S.W. 59 AVENUE**
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **BM** ☐ Delete
NAME **LOPEZ, TODD**
STREET ADDRESS **3711 SW 59 AVE**
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **S** ☐ Delete
NAME **DEPEDA, MARIA**
STREET ADDRESS **3779 S.W. 59TH AVENUE**
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **BM** ☒ Delete
NAME **VAN, CHRISTOPHER**
STREET ADDRESS **3671 SW 59 AVE**
CITY-ST-ZIP **DAVIE, FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME **President**
STREET ADDRESS **Sandra Bursztyn**
CITY-ST-ZIP **3745 SW 59th Ave, Davie, FL 33314**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition

NAME **Belinda Reyes**
STREET ADDRESS **3721 SW 59th Ave, Davie, FL 33314**
CITY-ST-ZIP

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:

Sandra Bursztyn President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06
Date

954-583-4185
Daytime Phone #