45-95 8-3019 RC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:38

DOCUMENT # N06210 (1)

1. Corporation Name
LOVINS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9961 WEST SAMPLE ROAD STE. 176 CORAL SPRINGS FL 33065	9961 WEST SAMPLE ROAD STE. 176 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1994
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2596155 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NEEDLEMAN, STEPHEN L
4177 CORAL SPRINGS DRIVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: LARRY FOLEY
82 Street Address (P.O. Box Number is Not Acceptable): 4161 CORAL SPRINGS DR.
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] LARRY FOLEY 3/18/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D-PRESIDENT	☒ Change ☐ Addition
NAME	PUIRET, OLGA	1.2 NAME	JOYCE SIBEL	
STREET ADDRESS	4163 CORAL SPRINGS DR	1.3 STREET ADDRESS	4173 CORAL SPRINGS DR.	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	DTS	2.1 TITLE	D-VICE-PRESIDENT	☒ Change ☐ Addition
NAME	NEEDLEMAN, STEPHEN L	2.2 NAME	LARRY FOLEY	
STREET ADDRESS	4177 CORAL SPRINGS DR	2.3 STREET ADDRESS	4161 CORAL SPRINGS DR,	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	
TITLE	DV	3.1 TITLE	D-PAULETTE FOURNIER	☒ Change ☐ Addition
NAME	[redacted] CAROL	3.2 NAME		
STREET ADDRESS	4165 CORAL SPRINGS DR	3.3 STREET ADDRESS	4169 CORAL SPRINGS DR.	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce Sibel 3/18/95 305-752-5918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOYCE SIBEL