

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N06210 (1)
1. Corporation Name
LOVINS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
9861 WEST SAMPLE ROAD STE. 176 CORAL SPRINGS FL 33065 **9861 WEST SAMPLE ROAD STE. 176 CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified **11/16/1984** 3a. Date of Last Report **04/05/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**FOLEY, LARRY
4161 CORAL SPRINGS DR
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent
81 Name **ROBERT OLMEDO**
82 Street Address (P.O. Box Number is Not Acceptable) **4163 CORAL SPRINGS DR**
83
84 City **CORAL SPRING** FL 85 Zip Code **33065**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0203, Florida Statutes.

SIGNATURE *[Signature]* **ROBERT OLMEDO** DATE **3/19/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBEL, JOYCE	1.2 NAME	ROBERT OLMEDO
STREET ADDRESS	4173 CORAL SPRINGS DR	1.3 STREET ADDRESS	4163 CORAL SPRINGS DR.
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	CORAL SPRING, FL 33065
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, LARRY	2.2 NAME	FLORENCE VILLANOVA
STREET ADDRESS	4161 CORAL SPRINGS DR	2.3 STREET ADDRESS	4165 CORAL SPRINGS DR
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	CORAL SPRING FL 33065
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOURNIER, PAUL	3.2 NAME	FOURNIER, PAUL
STREET ADDRESS	4169 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *[Signature]* **ROBERT OLMEDO** DATE **3/19/96** (305) 345-8587

CR2E037 (12/95)