


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90086 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N06210		
1. Corporation Name LOVINS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2085 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 US	Mailing Address 2085 UNIVERISTY DRIVE CORAL SPRINGS FL 33071 US	



21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/16/1984
22	27	4
City & State	City & State	FEI Number
23	28	59-2596155
Zip	Zip	Applied For
Country	Country	Not Applicable
24	25	29
Country	Country	30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution
SOUTHEAST, CONDOMINIUM MA 2085 UNIVERSITY DR CORAL SPRINGS FL 33071		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SOUTHEAST, CONDOMINIUM MA 2085 UNIVERSITY DR CORAL SPRINGS FL 33071		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLMEDO, ROBERT	1.2 NAME	
STREET ADDRESS	4163 CORAL SPRINGS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTTAGH, KEVIN	2.2 NAME	
STREET ADDRESS	4159 CORAL SPRINGS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOURNIER, PAUL	3.2 NAME	
STREET ADDRESS	4169 CORAL SPRINGS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	
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 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)