


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90032 025 \*\*\*\*61.25

<b>DOCUMENT # N06210</b>			
1. Entity Name LOVINS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.		Mailing Address 2085 UNIVERSTY DRIVE CORAL SPRINGS, FL 33071 US	
Principal Place of Business 2085 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US		Mailing Address 2085 UNIVERSTY DRIVE CORAL SPRINGS, FL 33071 US	
2. Principal Place of Business SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065		3. Mailing Address SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065	
4. FEI Number 59-2596155	Applied For Not Applicable	01042005 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SOUTHEAST, CONDOMINIUM MA 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name SOUTHEAST CONDO MGMT. Street Addr 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENIRO-MARINO, SUZANNE 4173 CORAL SPRINGS CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Paul 4169 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEEDLEMAN, STEPHEN 4177 CORAL SPRINGS DRIVE CORAL SPRINGS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Francis Webb 4159 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Janeane Wolfe 4157 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Paul J. Fournier</i>		PAUL J. FOURNIER JR 2/7/05 954 48 341 3392	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	