


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90029 003 ****61.25

DOCUMENT # N06210

1. Entity Name
LOVINS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2855 N UNIVERSITY DR
 STE 310
 CORAL SPRINGS, FL 33065 US**

Mailing Address
**2855 N UNIVERSITY DR
 STE 310
 CORAL SPRINGS, FL 33065 US**

60009924



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-2596155

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOUTHEAST, CONDOMINIUM MA
 2855 N UNIVERSITY DR
 STE 310
 CORAL SPINGS, FL 33065**

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]* DATE **1/25/06**

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

**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	P	<input checked="" type="checkbox"/> Delete
NAME	DENIRO-MARINO, PAUL	
STREET ADDRESS	4169 CORAL SPINGS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEBB, FRANCES	
STREET ADDRESS	4159 CORAL SPRINGS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WOLFE, JANEANA	
STREET ADDRESS	4157 CORAL SPRINGS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33085	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Fournier Paul</i>	
STREET ADDRESS	<i>4109 Coral Springs Dr.</i>	
CITY-ST-ZIP	<i>Coral Springs, FL 33065</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Needleman Steve</i>	
STREET ADDRESS	<i>4177 Coral Springs Dr.</i>	
CITY-ST-ZIP	<i>Coral Springs, FL 33065</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Denero Suzanne</i>	
STREET ADDRESS	<i>4173 Coral Springs Dr.</i>	
CITY-ST-ZIP	<i>Coral Springs, FL 33065</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR