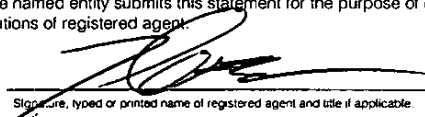
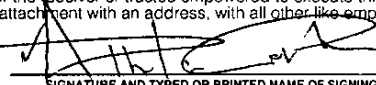


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 723739 1. Entity Name THE TOWNHOUSES AT NOVA CONDOMINIUM, INC., NO. 3						 FILED 05 OCT 14 PM 5:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3661 SW 59TH AVE DAVIE, FL 33314 US				Mailing Address 3661 SW 59TH AVE DAVIE, FL 33314 US			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 65-0284335				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VAZQUEZ, EDWARD 3661 SW 59TH AVE DAVIE, FL 33314				7. Name and Address of New Registered Agent Name Thomas J. Shea III Street Address (P.O. Box Number is Not Acceptable) 644 SE 4th Avenue City Ft. Lauderdale FL Zip Code 33301			
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 				THOMAS J. SHEA III			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 9/28/2005			
Amended AR is \$61.25				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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LAWMAN, DOROTHY 3745 S.W. 59 AVENUE DAVIE, FL 33314			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DOROTHY LAUMAN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, EDWARD 3661 SW 59TH AVE DAVIE, FL 33314			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PRESIDENT ALBERTO CONDE 3689 SW 59th AVENUE DAVIE, FL 33314		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LOPEZ, TODD 3711 SW 59 AVE DAVIE, FL 33314			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500060626115 10/14/05--01052--004 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM DESUGARE, RITA 3669 SW 59 AVE DAVIE, FL 33314			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY MARIA CEPEDA 3779 SW 59th AVENUE DAVIE, FL 33314		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM VAN, CHRISTOPHER 3671 SW 59 AVE DAVIE, FL 33312			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 				ALBERTO CONDE			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 10/4/05 Daytime Phone # (954) 476-9396			