

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721773

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** THE TOWNHOUSES AT NOVA CONDOMINIUM, INC.

**Current Principal Place of Business:**

3682 SW 60 TERRACE  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

6511 NOVA DR.  
SUITE # 169  
DAVIE, FL 33317

**New Mailing Address:**

**FEI Number:** 59-2380601      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOMESITE MANAGEMENT, LLC  
6511 NOVA DR.  
SUITE #169  
DAVIE, FL 33317 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: JENEFSKY, ROBERTA  
Address: 3710 SW 60 TER  
City-St-Zip: DAVIE, FL 33314

Title: VP  
Name: PALUMBO, CAROL  
Address: 3680 SW 60 TER  
City-St-Zip: DAVIE, FL 33314

Title: S  
Name: KAPLAN, DAVID  
Address: 3800 SW 60 TER  
City-St-Zip: DAVIE, FL

Title: P  
Name: CORNISH, GEORGE  
Address: 3682 SW 60TH TER  
City-St-Zip: DAVIE, FL 33314

Title: D  
Name: LAURA, LAWERNCE  
Address: 3702 SW 60TH TER  
City-St-Zip: DAVIE, FL 33314

Title: D  
Name: DIAZ, MIGUEL  
Address: 3726 SW 60TH TER  
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE CORNISH

PRES

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date