

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2005 8:00 am
Secretary of State

04-06-2005 90126 047 ****61.25

DOCUMENT # 723739 1. Entity Name THE TOWNHOUSES AT NOVA CONDOMINIUM, INC., NO. 3					
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 Suite, Apt. #, etc.		3. Mailing Address 3Ame Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0284335	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE					
FILE NOW FEE IS \$61.25 Due By May 1, 2005		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 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD VAZQUEZ, EDWARD 3661 SW 59TH AVE DAVIE FL 33314 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS HARLEY, LENA 3739 SW 59 AVENUE DAVIE FL 33314 ☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	BM LOPEZ, TODD 3711 SW 59 AVE DAVIE FL 33314 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE BM NAME STREET ADDRESS CITY- ST- ZIP	RITA DEBESARTE 3669 SW 59 AVE DAVIE FL 33314 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE BM NAME STREET ADDRESS CITY- ST- ZIP	CHRISTOPHER VAN 3671 SW 59 AVE DAVIE FL 33312 ☐ 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 address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 5/11/05 Daytime Phone 954-445-9683					