

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 Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				THOMAS J. SHEA III <small>(NOTE: Registered Agent signature required when reinstating)</small>				DATE 9/28/2005	
Amended AR is \$61.25				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	BM LAWMAN, DOROTHY 3745 S.W. 59 AVENUE DAVIE, FL 33314			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DOROTHY LAUMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, EDWARD 3661 SW 59TH AVE DAVIE, FL 33314			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete 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	<input type="checkbox"/> Delete 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	<input checked="" type="checkbox"/> Delete 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	<input type="checkbox"/> Delete <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:				ALBERTO CONDE				Date 10/4/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # (954) 476-9396					