

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 723739		
1. Entity Name THE TOWNHOUSES AT NOVA CONDOMINIUM, INC., NO. 3		
Principal Place of Business 3745 SOUTHWEST 59TH AVENUE DAVIE, FL 33314 US	Mailing Address 3745 SOUTHWEST 59TH AVENUE DAVIE, FL 33314 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY WESTON, FL 33324		DO NOT WRITE IN THIS SPACE
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 reappointing) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LAUMAN, DOROTHY 3745 S.W. 59 AVENUE DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURSZTYN, SANDRA 3745 SOUTHWEST 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	S BOZAN, ANAJANE 3755 SW 59TH AVE. DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUSTICE, DAVID SEAN 3723 SW 59TH AVE. DAVIE, FL 33314	
TITLE 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: <u>Sandra Bursztyn, President</u> 2/11/08 954-583-4185 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <u>Sandra Bursztyn</u>		



01292008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0284335

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

U000000827296
02/21/08-80084-013 61.25

**DO NOT WRITE
IN THIS SPACE**