

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-07-2003 90147 022 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/7

55031600

DOCUMENT # 723739			
1. Entity Name THE TOWNHOUSES AT NOVA CONDOMINIUM, INC., NO. 3			
Principal Place of Business 3745 SW 59 AVENUE DAVIE, FL 33314 US		Mailing Address 3745 SW 59 AVENUE DAVIE, FL 33314 US	
2. Principal Place of Business 3661 SW 59TH AVE.		3. Mailing Address 3661 SW 59TH AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33314		Country	
Zip 33314		Country	
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 FISHER, ARLENE 3745 SW 59 AVENUE 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's signature required when registering.)			
FILE NOW FEES \$81.25		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	P FISHER, ARLENE 3745 S.W. 59 AVENUE DAVIE, FL 33314 <i>"D" President</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP EDWARD UAZ QUEZ 3661 SW 59TH AVE DAVIE, FL 33314 <i>"D" Vice President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BORSZTYN, SANDRA 3749 SW 59 AVENUE DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLEY, LENA 3739 SW 59 AVENUE DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDERO, SANDY 3729 SW 59 AVENUE DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHANSON, TERRI 3765 SW 59 AVENUE DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOROTHY LAUMAN 3741 SW 59TH AVE DAVIE, FL 33314 <i>"D" Secy.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____		4/3/03 954-252-0466	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	