


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741739</b>	
1. Entity Name <b>HABITAT III TOWNHOUSE ASSOCIATION, INC.</b>	

Principal Place of Business <b>PAULA GWYNN 2933 CENTER ST MIAMI, FL 33133</b>	Mailing Address <b>MITCH FENNEL 2933 CENTER ST MIAMI, FL 33133</b>
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07022006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1847809</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GWYNN, PAULA 2933 CENTER ST MIAMI, FL 33133</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$81.25 Due by September 8, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FENNEL, MITCHELL 2533 CENTER STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GWYNN, PAULA 2933 CENTER STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARR, TIMOTHY E 2931 CEBTER STREET MIAMI, FL
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07/06/06-80005-007 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Paula Gwynn VD 7/2/06 3058565919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #