2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State
03-06-2008 90037 021 ***150.00

DOCUMENT # L23764

1. Entity Name
TOWNHOMES OF BROKEN WOODS, INC.

Principal Place of Business	Mailing Address
1112 NE 13TH AVE FORT LAUDERDALE, FL 33304 US	1112 NE 13TH AVE. FT. LUADERDALE, FL 33304 US

02172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0176703
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOVANOVIC, DOUGLAS
17 SE 24TH AVENUE
POMPANO BEACH, FL 33062

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOVANOVIC, SLAVKO
STREET ADDRESS	1112 NE 13TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	JOVANOVIC, ANKA
STREET ADDRESS	1112 NE 13TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	P
NAME	JOVANOVIC, DOUGLAS
STREET ADDRESS	17 SE 24TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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: Douglas Jovanovic, Pres 2-26-08 954-783-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #