FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 745734

(4)

NOVA GARDENS CONDOMINIUM ASSOCIATION, INC.

NOVA GARDENS CONDOMINIUM ASSOCIATION, INC.														
Pri	ncipa! Place	of Business	Mailing Address	g Address				T 138 in 168 in 818 8 in 168 6 kilk \$	iki didil didil		AIBEL AIBII 1881			
10001 W OAKLAND PK BLVD 3RD FLOOR SUNRISE FL 33351					10001 W OAKLAND PK BLVD 3RD FLOOR SUNRISE FL 33351									
SUMMOR TE SASSI					CONTINUE TE COCCO					3. Date Incorporated or Qualified 01/26/1979	Qualified 3a. Date of Last Report 01/23/1995			
2. 21	Principal Place of Business				2a. Mailing Address					4. FEI Number 59-1999646		-	Applied For Not Applicable	
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional Required	
23	City & State				City & State				*****	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
	Zip	(ip Country						untry		8. This corporation has liability for int	angible tax			
24	25			1	29 30 30 Basistered Agent						Yes 🔲 i		· · · · · · · · · · · · · · · · · · ·	
9. Name and Address of Current Registered Agent 81 Name										10. Name and Address of New Re	gistered A	gent		
	GOLD C	OAST PRO	DPERTY MANAGEMEN	NΤ			82	L		ss (P.O. Box Number is Not Acceptable				
10001 W. OAKLAND PARK BLVD.							83			SS (F.O. DOX NOTICE) IS NOT Acceptable	'			
SUITE 300 SUNRISE FL 33351							84	L	City			85 Zi	o Code	
			017.050		V-7 4 500 51 11 61			ı	•		FL			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.														
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE														
12			OFFICERS AN	ID DIRE			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTO	PRS IN 12	
Tili	ì	PD			DELETE		11 TITLE					Change	Addition Addition	
NAN	1		H, BONNIE				12 NAME							
	EET ADDRESS Y-ST-ZIP	DAVIE I	OVA DRIVE #307B				1.3 STREE		1					
Till	+	VD VD	<u> </u>		DELETE		21 TITLE	31-	- 211			Change	Addition	
NAN	NE	HANNA, BRIAN			2:			22 NAME				•		
STR	EET ADDRESS	7060 NOVA DRIVE #308C						T AI	DORESS					
	Y-ST-ZIP	DAVIE FL					2 4 CITY-	ST-	- ZIP					
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	EET ADDRESS Y-ST-ZIP	DAVIE I	OVA DR. #106				3.3 STREE		1					
Titl		TD	<u>-L</u>		DELETE		3.4. CITY- 4.1 TITLE	51.	- 21P) Change	Addition	
NAN			OFF, FLORENCE				4. 2 NAME				_			
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CIT	Y - ST - ZIP	DAVIE I					4.4 CITY-							
TITL	.E				DELETE		5 1 TITLE) Change	Addition	
NAM	ΝĒ						5 2 NAME							
STA	EFT ADDRESS						53 STREE	T A	ADDRESS					
	Y-ST-ZIP				Dec. e		5.4 CITY-	ST-	- ZIP			100	□	
TITE					DELETE		6.1 TITLE				L] Change	Addition	
NAM							6.2 NAME		1000000					
	REET ADDRESS						6.3 STREE							
	Y-ST-ZIP . I do hereb	y certify that	the information supplied	with th	is filing is voluntarily f	furnishe	6.4 CITY-		 	the exemption stated in Section 119.0	7(3)(k). Flori	da Statu	tes. I further	
. •	 certify that 	the informa	ition indicated on this ann	reo	ort or supplemental a	annua! r	eoort is tr	uе	and accurate	e and that my signature shall have the sareport as required by Chapter 617, Flor	ame legal e	ffect as i	made under	

SIGNATURE: BONNIE Z. DARVISH, PRES 29/96 305-845-492

EDEN37 (19/05)