

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

0049026

03-21-2001 90022 044 \*\*\*\*61.25

**DOCUMENT # 745734**  
 1. Entity Name  
**NOVA GARDENS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>A &amp; M PROPERTY MANAGEMENT          3475 N. HIATUS ROAD          SUNRISE FL 33351          US</b>	Mailing Address <b>A &amp; M PROPERTY MANAGEMENT          3475 N. HIATUS ROAD          SUNRISE FL 33351          US</b>
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000101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-1999646</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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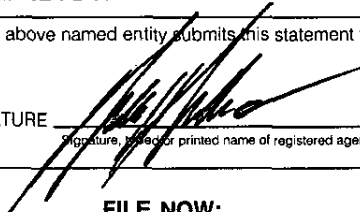
Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**  
**WALDRON, MALCOM H III  
 A & M PROPERTY MANAGEMENT, INC.  
 3475 HIATUS RD  
 SUNRISE FL 33351**

**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.

SIGNATURE  (Signature, together with printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))  
 DATE 1/24/01

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHERTZER, ELLIOT 7000 NOVA DRIVE #304 FORT LAUDERDALE FL 33317</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SCHAEFER, DONNA 7020 NOVA DRIVE #103 FORT LAUDERDALE FL 33317</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SHERNOFF, FLORENCE 7080 NOVA DRIVE #307C DAVIE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHERTZER, ELLIOT 7000 NOVA DRIVE #304 FORT LAUDERDALE FL 33317</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<b>Dwayne Misar 7100 Nova Drive #304 Davie, FL 33317</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<b>Anthony Petrelli 7080 Nova Drive #204 Davie, FL 33317</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/00)