

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

0001030

**DOCUMENT # 745734**

1. Entity Name

**NOVA GARDENS CONDOMINIUM ASSOCIATION, INC.**

05-28-2002 91512 030 \*\*\*\*61.25

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



DO NOT WRITE IN THIS SPACE

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

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1999646</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

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: Malcolm H Waldron III DATE: 4-26-02

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>SD</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SCHAEFER, DONNA</b>          |  |
| STREET ADDRESS | <b>7020 NOVA DRIVE #103</b>     |  |
| CITY-ST-ZIP    | <b>FORT LAUDERDALE FL 33317</b> |  |
| TITLE          | <b>TD</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>SHERNOFF, FLORENCE</b>       |  |
| STREET ADDRESS | <b>7080 NOVA DRIVE #307C</b>    |  |
| CITY-ST-ZIP    | <b>DAVIE FL</b>                 |  |
| TITLE          | <b>PD</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>MISAR, DWAYNE</b>            |  |
| STREET ADDRESS | <b>7100 NOVA DRIVE #304</b>     |  |
| CITY-ST-ZIP    | <b>DAVIE FL 33317</b>           |  |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>PETRELLI, ANTHONY</b>        |  |
| STREET ADDRESS | <b>7080 NOVA DRIVE #204</b>     |  |
| CITY-ST-ZIP    | <b>DAVIE FL 33317</b>           |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Mildred KEARNS</b>        |  |
| STREET ADDRESS | <b>7100 NOVA DRIVE #301A</b> |  |
| CITY-ST-ZIP    | <b>DAVIE FL 33317</b>        |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Robert KEARNS</b>         |  |
| STREET ADDRESS | <b>7100 NOVA DRIVE #301A</b> |  |
| CITY-ST-ZIP    | <b>DAVIE, FL 33317</b>       |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: Anthony Petrelli  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-28-02 TIME: 954-473-1983

CR2E037 (9/01)