2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 745734

1. Entity Name

NOVÁ GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8211 W BROWARD BLVD SUITE PH PLANTATION, FL 33324-2745 US 8211 W BROWARD BLVD SUITE PH PLANTATION, FL 33324-2745 US

FILED Mar 08, 2005 8:00 am Secretary of State

03-08-2005 90163 015 ****61.25

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01062005 No Chg-NP

CR2E037 (10/03)

4.	FEI Number					
	59-1999646					

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIFRONY, MATTHEW
110 SE 6TH STREET
15 FLOOR
ET LAUDERDALE EL 3330

DO NOT WRITE IN THIS SPACE

FT LAUDERDALE, FL 33301			IN THIS SPACE			
	named entity submits this statement for the purpose ions of registered agent.	of changing its registered office	or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	le. (NOTE: Registered Agent sign	nature required when reinstating)	DATE		
	· ······g · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10. FITLE NAME STREET ADORESS CITY-ST-ZIP	FERNANDEZ, RICK 7020 NOVA DRIVE DAVIF, FL OFFICERS AND DIRECTORS RICHARD BR. 7100 NO DAVIF, FL PAY IE	ADFORD VA DRIVE FL 33317				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIE, FL 33317 DAVIE, FC	DES DE -	•	•		
NAME STREET ADORESS CITY-ST-ZIP	/ UDD-1469494-1514141	MAXON VA DRIFE - 33317	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 100 NOVA DINIVE	LTZ OVA DRIVE FL 33317	IN	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- DAVIES YOVA DRIVE FL 35317				
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does per quality 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 provides empowered.

RESIDENT

**RESI

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/96/05

Daytime Phone #