


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90024 012 ****61.25

DOCUMENT # 745734					
1. Entity Name NOVA GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8211 W BROWARD BLVD SUITE PH PLANTATION, FL 33324-2745 US		Mailing Address 8211 W BROWARD BLVD SUITE PH PLANTATION, FL 33324-2745 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <i>SAME</i>		Suite, Apt. #, etc. <i>SAME</i>			
City & State		City & State		01222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1999646	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
ZIFRONY, MATTHEW 110 SE 6TH STREET 15 FLOOR FT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent	
				Name <i>SAME</i>	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADFORD, RICHARD		NAME		
STREET ADDRESS	7100 NOVA DRIVE #205A		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33317		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOVER, TIM		NAME		
STREET ADDRESS	7020 NOVA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33317		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAXON, JASON		NAME		
STREET ADDRESS	7100 NOVA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33317		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEARNS, MILDRED		NAME		
STREET ADDRESS	7100 NOVA DR		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33317		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, JESUS		NAME		
STREET ADDRESS	7020 NOVA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33317		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <i>1/1/08</i> Daytime Phone # _____					