

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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1995 JAN 25 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 737669 (2)**  
1. Corporation Name  
**NOVA HILLS NORTH CONDOMINIUM, INC.**

Principal Place of Business Mailing Address  
**7560 NOVA DR DAVIE FL 33317** **7560 NOVA DR DAVIE FL 33317**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 Zip 29 Country 30

DO NOT WRITE IN THIS SPACE:  
3. Date incorporated or Qualified **12/28/1976** 3a. Date of Last Report **01/19/1994**  
4. FEI Number **59-1890641** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ZEKA, GEORGE F.  
7524 NOVA DRIVE  
DAVIE FL 33317-4002**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GORDE, DAVID
STREET ADDRESS	7516 NOVA DR
CITY-ST-ZIP	DAVIE FL
TITLE	SDT
NAME	ZEKA, GEORGE F
STREET ADDRESS	7524 NOVA DR
CITY-ST-ZIP	DAVIE FL
TITLE	VD
NAME	PHOTOS, SUE
STREET ADDRESS	7558 NOVA DR
CITY-ST-ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cepeda, Abel	
1.3 STREET ADDRESS	7530 Nova Drive	
1.4 CITY-ST-ZIP	Davie, Florida 33317	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Photos, Sue	
2.3 STREET ADDRESS	7558 Nova Drive	
2.4 CITY-ST-ZIP	Davie, Florida 33317	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tona, Charles	
3.3 STREET ADDRESS	7550 Nova Drive	
3.4 CITY-ST-ZIP	Davie, Florida 33317	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Egan, John	
4.3 STREET ADDRESS	7528 Nova Drive	
4.4 CITY-ST-ZIP	Davie, Florida 33317	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Wilkins, Laurel	
5.3 STREET ADDRESS	7520 Nova Drive	
5.4 CITY-ST-ZIP	Davie, Florida 33317	
6.1 TITLE	Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Zeka, George	
6.3 STREET ADDRESS	7524 Nova Drive	
6.4 CITY-ST-ZIP	Davie, Florida 33317	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 607.0505, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Abel Cepeda, President** *Abel Cepeda* 1/17/95 (305) 475-0006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date