

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified
12/28/1976

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZEKA, GEORGE F.
7524 NOVA DRIVE
DAVIE FL 33317-4002**

81 Name

Donna Le master

82

Street Address (P.O. Box Number is Not Acceptable)

7518 NOVA DR

83

84

City
DAVIE

FL

85 Zip Code
33317

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Donna Le master

Donna Le master - Secretary

DATE

April 21, 96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CEPEDA, ABEL	
STREET ADDRESS	7530 NOVA DRIVE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHOTOS, SUE	
STREET ADDRESS	7558 NOVA DRIVE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TONA, CHARLES	
STREET ADDRESS	7550 NOVA DRIVE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	EGAN, JOHN	
STREET ADDRESS	7528 NOVA DRIVE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILKINS, LAUREL	
STREET ADDRESS	7520 NOVA DRIVE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	ZEKA, GEORGE	
STREET ADDRESS	7524 NOVA DRIVE	
CITY-ST-ZIP	DAVIE FL 33317	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PARRINO, ROSARIO	
1.3 STREET ADDRESS	7512 NOVA DRIVE	
1.4 CITY-ST-ZIP	DAVIE, FL 33317	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PHOTOS, SUE & SUZANNE	
2.3 STREET ADDRESS	7558 NOVA DRIVE	
2.4 CITY-ST-ZIP	DAVIE, FL 33317	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LE MASTER, DONNA	
4.3 STREET ADDRESS	7518 NOVA DRIVE	
4.4 CITY-ST-ZIP	DAVIE, FL 33317	
5.1 TITLE	VD	<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, FL 33317	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Donna Le master - Donna Le master

Date

4-21-96

Daytime Phone #

(954) 3709305

CR2E037 (12/95)