

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

7560 NOVA DR
DAVIE FL 33317

Mailing Address

7560 NOVA DR
DAVIE FL 33317-70023. Date Incorporated or Qualified
12/28/19763a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

4. FEI Number

59-1890641

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DONNA LEMASTER
7518 NOVA DR
DAVIE FL 33317-4002

10. Name and Address of New Registered Agent

81 Name

SUZANNE PHOTOS

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

7558 NOVA DRIVE

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 *Suzanne Photos*

Signature, typed or printed name of registered agent and title if applicable

SUZANNE PHOTOS, SECRETARY April 20, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME PARRINO, ROSARIO
STREET ADDRESS 7512 NOVA DR
CITY-ST-ZIP DAVIE FLTITLE TD ☐ DELETE
NAME PHOTOS, SUE
STREET ADDRESS 7558 NOVA DRIVE
CITY-ST-ZIP DAVIE FLTITLE SD ☒ DELETE
NAME LEMASTER, DONNA
STREET ADDRESS 7518 NOVA DRIVE
CITY-ST-ZIP DAVIE FLTITLE VD ☐ DELETE
NAME WILKINS, LAUREL
STREET ADDRESS 7520 NOVA DRIVE
CITY-ST-ZIP DAVIE FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☐ Change ☒ Addition
1.2 NAME METIN, GLORIA
1.3 STREET ADDRESS 7524 NOVA DRIVE
1.4 CITY-ST-ZIP DAVIE, FL 333172.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME PHOTOS, SUZANNE
2.3 STREET ADDRESS 7558 NOVA DRIVE
2.4 CITY-ST-ZIP DAVIE, FL 333173.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME PALMISANO, JIM
3.3 STREET ADDRESS 7536 NOVA DRIVE
3.4 CITY-ST-ZIP DAVIE, FL 333174.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME WILKINS, LAUREL
4.3 STREET ADDRESS 7520 NOVA DRIVE
4.4 CITY-ST-ZIP DAVIE, FL 333175.1 TITLE D ☐ Change ☒ Addition
5.2 NAME GALIONE, ANGELA
5.3 STREET ADDRESS 7542 NOVA DRIVE
5.4 CITY-ST-ZIP DAVIE, FL 333176.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Suzanne Photos SUZANNE PHOTOS

4/20/97(954)475-8121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (9/96)