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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 7560 NOVA DR DAVIE FL 33317  
Mailing Address: 7560 NOVA DR DAVIE FL 33317-7002

3. Date Incorporated or Qualified: 12/28/1976  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-1890641		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.				Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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* SUZANNE PHOTOS, SECRETARY April 20, 1997  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARRINO, ROSARIO	
STREET ADDRESS	7512 NOVA DR	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PHOTOS, SUE	
STREET ADDRESS	7558 NOVA DRIVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEMASTER, DONNA	
STREET ADDRESS	7518 NOVA DRIVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILKINS, LAUREL	
STREET ADDRESS	7520 NOVA DRIVE	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	METIN, GLORIA	
1.3 STREET ADDRESS	7524 NOVA DRIVE	
1.4 CITY-ST-ZIP	DAVIE, FL 33317	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PHOTOS, SUZANNE	
2.3 STREET ADDRESS	7558 NOVA DRIVE	
2.4 CITY-ST-ZIP	DAVIE, FL 33317	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PALMISANO, JIM	
3.3 STREET ADDRESS	7536 NOVA DRIVE	
3.4 CITY-ST-ZIP	DAVIE, FL 33317	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILKINS, LAUREL	
4.3 STREET ADDRESS	7520 NOVA DRIVE	
4.4 CITY-ST-ZIP	DAVIE, FL 33317	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GALIONE, ANGELA	
5.3 STREET ADDRESS	7542 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 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 # 8006658

CR2E037 (9/96)