


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90016 046 ****61.25

0039278

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 742918					
1. Corporation Name NOVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business PO BOX 291135 DAVIE FL 33329			Mailing Address PO BOX 291135 DAVIE FL 33329		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/18/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2091784	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LINDA SHIMKO 2274 NOVA VILLAGE DR DAVIE FL 33317				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 Linda Shimko Treas. Linda Shimko DATE 3-5-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JO ANN WALKLEY			1.2 NAME			
STREET ADDRESS	2205 NOVA VILLAGE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33317			1.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINDA SHIMKO			2.2 NAME			
STREET ADDRESS	2274 NOVA VILLAGE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33317			2.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANNAH GREEN			3.2 NAME			
STREET ADDRESS	2250 NOVA VILLAGE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33317			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DENISE MAALOUF			4.2 NAME	CHARLIE MIONE		
STREET ADDRESS	2188 NOVA VILLAGE DRIVE			4.3 STREET ADDRESS	3270 NOVA VILLAGE DR.		
CITY-ST-ZIP	DAVIE FL 33317			4.4 CITY-ST-ZIP	DAVIE FL 33317		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREEN, HANNAH			5.2 NAME	KURT HEIMMILLER		
STREET ADDRESS	2250 NOVA VILLAGE DRIVE			5.3 STREET ADDRESS	3179 NOVA VILLAGE DR.		
CITY-ST-ZIP	DAVIE FL			5.4 CITY-ST-ZIP	DAVIE FL 33317		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCCLUSKEY, SCOT			6.2 NAME	BARBARA MILLER		
STREET ADDRESS	2102 NOVA VILLAGE DR.			6.3 STREET ADDRESS	2111 NOVA VILLAGE DR		
CITY-ST-ZIP	DAVIE, FL 00000			6.4 CITY-ST-ZIP	DAVIE FL 33317		

14. I 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, with all other like empowered.

SIGNATURE: Jo Ann Walkley DATE: 3/5/99 DAYTIME PHONE: 954-474-4892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)