

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90095 022 ****61.25

DOCUMENT # 737669

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1890641

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CEPEDA, ABEL DR
 7530 NOVA DR
 DAVIE FL 33317

Delete

Name **PAM SOLOW**

Street Address (P.O. Box Number is Not Acceptable)
7528 NOVA DR

City **Davie**

FL **33317**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Pam Solow*

2.14.02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VD LANG, MINDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7550 NOVA DR.	
CITY-ST-ZIP	DAVIE FL	
TITLE NAME	PD CEPEDA, ABEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7530 NOVA DR	
CITY-ST-ZIP	DAVIE FL	
TITLE NAME	SOTD GALIONE, ANGELA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7542 NOVA DRIVE	
CITY-ST-ZIP	DAVIE FL	
TITLE NAME	PD PAM SOLOW	<input type="checkbox"/> Delete
STREET ADDRESS	7528 NOVA DR	
CITY-ST-ZIP	DAVIE, FL 33317	
TITLE NAME	VD Reginald Browne	<input type="checkbox"/> Delete
STREET ADDRESS	7504 NOVA DR	
CITY-ST-ZIP	DAVIE, FL 33317	
TITLE NAME	Secretary M Donna Mongston	<input type="checkbox"/> Delete
STREET ADDRESS	7506 NOVA DR	
CITY-ST-ZIP	DAVIE FL 33317	

TITLE NAME	PD PAM SOLOW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7528 NOVA DR	
CITY-ST-ZIP	DAVIE, FL 33317	
TITLE NAME	VD Reginald Browne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7504 NOVA DR	
CITY-ST-ZIP	DAVIE, FL 33317	
TITLE NAME	Secretary SD Donna Mongston	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7506 NOVA DR	
CITY-ST-ZIP	DAVIE, FL 33317	
TITLE NAME	TD Ivone Delmney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7516 NOVA DR	
CITY-ST-ZIP	DAVIE, FL 33317	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pam Solow* **PAM SOLOW** *2.14.02* **305-325-5692**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)