


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 737669 1. Entity Name NOVA HILLS NORTH CONDOMINIUM, INC.	
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Principal Place of Business 7560 NOVA DR DAVIE FL 33317	Mailing Address 7560 NOVA DR DAVIE FL 33317
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1890641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOLOW, PAM
7528 NOVA DR
DAVIE FL 33317

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME	PD SOLOW, PAM <input type="checkbox"/> Delete
STREET ADDRESS	7528 NOVA DR
CITY - ST - ZIP	DAVIE FL 33317
TITLE NAME	VD BROWNE, REGINALD <input type="checkbox"/> Delete
STREET ADDRESS	7504 NOVA DRIVE
CITY - ST - ZIP	DAVIE FL 33317
TITLE NAME	SD MONGSTON, DONNA <input type="checkbox"/> Delete
STREET ADDRESS	7506 NOVA DR
CITY - ST - ZIP	DAVIE FL 33317
TITLE NAME	TD SQUICCIANINO, GAIL <input type="checkbox"/> Delete
STREET ADDRESS	7522 NOVA DR
CITY - ST - ZIP	DAVIE FL 33317
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	U00000061389
CITY - ST - ZIP	02/23/04-80079-011 61.25
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	
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)(f), 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 2-1-04 305-325-5692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #