


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 737669  
 1. Entity Name  
 NOVA HILLS NORTH CONDOMINIUM, INC.



Principal Place of Business      Mailing Address  
 7560 NOVA DR                      7560 NOVA DR  
 DAVIE, FL 33317                    DAVIE, FL 33317



01182005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-1890641      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SOLOW, PAM  
 7528 NOVA DR  
 DAVIE, FL 33317

**DO NOT WRITE IN THIS SPACE**

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: *Pam Solow*      1-18-05  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOLOW, PAM
STREET ADDRESS	7528 NOVA DR
CITY - ST - ZIP	DAVIE, FL 33317
TITLE	VD
NAME	BROWNE, REGINALD
STREET ADDRESS	7504 NOVA DRIVE
CITY - ST - ZIP	DAVIE, FL 33317
TITLE	SD
NAME	MONGSTON, DONNA
STREET ADDRESS	7506 NOVA DR
CITY - ST - ZIP	DAVIE, FL 33317
TITLE	TD
NAME	SQUICCIANINO, GAIL
STREET ADDRESS	7522 NOVA DR
CITY - ST - ZIP	DAVIE, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000212914  
 02/03/05-80048-025 61.25

**DO NOT WRITE IN THIS SPACE**

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* PAM SOLOW      1-18-05      305-325-5692  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #