

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737669

FILED
Feb 05, 2006
Secretary of State

Entity Name: NOVA HILLS NORTH CONDOMINIUM, INC.

Current Principal Place of Business:

7560 NOVA DR
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

7560 NOVA DR
DAVIE, FL 33317

New Mailing Address:

FEI Number: 59-1890641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOW, PAM
7528 NOVA DR
DAVIE, FL 33317 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOLOW, PAM
Address: 7528 NOVA DR
City-St-Zip: DAVIE, FL 33317

Title: VD () Delete
Name: BROWNE, REGINALD
Address: 7504 NOVA DRIVE
City-St-Zip: DAVIE, FL 33317

Title: SD () Delete
Name: MONGSTON, DONNA
Address: 7506 NOVA DR
City-St-Zip: DAVIE, FL 33317

Title: TD () Delete
Name: SQUICCIANINO, GAIL
Address: 7522 NOVA DR
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOLOW, PAM M MS
Address: 7528 NOVA DR
City-St-Zip: DAVIE, FL 33317

Title: V (X) Change () Addition
Name: MONGSTON, DONNA MRS
Address: 7506 NOVA DRIVE
City-St-Zip: DAVIE, FL 33317

Title: S (X) Change () Addition
Name: GALIONE, CHARLENE MS
Address: 7542 NOVA DR
City-St-Zip: DAVIE, FL 33317

Title: T (X) Change () Addition
Name: METIN, GLORIA
Address: 7522 NOVA DR
City-St-Zip: DAVIE, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM SOLOW

P

02/05/2006

Electronic Signature of Signing Officer or Director

Date