

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90197 044 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

60034131



DOCUMENT # N06000006633
 1. Entity Name
 NOVA PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 3325 GRIFFIN ROAD #258
 FORT LAUDERDALE, FL 33312

Mailing Address
 3325 GRIFFIN ROAD #258
 FORT LAUDERDALE, FL 33312

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04222008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 CHOWEN, DANA
 3325 GRIFFIN ROAD #258
 FORT LAUDERDALE, FL 33312

4. FEI Number
 20-5570428

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name: GRIFFIN REALTY INC
 Street Address (P.O. Box Number is Not Acceptable): 2050 CORAL WAY, #305
 City: MIAMI FL Zip Code: 33145

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: DATE: 4/22/08
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
PD	CHOWEN, DANA W 3325 GRIFFIN ROAD, SUITE 258 FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD	CHOWEN, AMY 3325 GRIFFIN ROAD, SUITE 258 FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STD	MCLAUGHLIN, PAUL 1250 E. HALLANDALE BEACH BLVD., PHA HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DATE: 4/27/08 (954-961-2000)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #