

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742918

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** NOVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2285 NOVA VILLAGE DR  
DAVIE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

2285 NOVA VILLAGE DR  
DAVIE, FL 33317

**New Mailing Address:**

**FEI Number:** 59-2091784      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KATZMAN GARFINKEL, P.A.  
1501 N.W. 49TH ST.  
SUITE 202  
FT. LAUDERDALE, FL 33309 US

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: HILL, CHERYL  
Address: 2113 NOVA VILLAGE DR  
City-St-Zip: DAVIE, FL 33317

Title: VD ( ) Delete  
Name: SCHULTZ, TINA  
Address: 2157 NOVA VILLAGE DR  
City-St-Zip: DAVIE, FL 33317

Title: SD ( ) Delete  
Name: VARGAS, JUAN  
Address: 2171 NOVA VILLAGE DR  
City-St-Zip: DAVIE, FL 33317

Title: TD ( ) Delete  
Name: NICHOLSON, SHAWN  
Address: 2231 NOVA VILLAGE DR  
City-St-Zip: DAVIE, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHAWN NICHOLSON

TD

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date