I hereby 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 all other like empowered.

SIGNATURE: PAMELA M. SOLOW

Electronic Signature of Signing Officer/Director Detail

# Entity Name: NOVA HILLS NORTH CONDOMINIUM, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

7560 NOVA DR DAVIE, FL 33317

#### **Current Mailing Address:**

DOCUMENT# 737669

7560 NOVA DR DAVIE, FL 33317

#### FEI Number: 59-1890641

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

SOLOW, PAMELA 7528 NOVA DR DAVIE, FL 33317 US

Date

Certificate of Status Desired: Yes

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

## Officer/Director Detail :

Title	Р	Title	V
Name	SOLOW, PAM MMS	Name	MONGSTON, DONNA MRS
Address	7528 NOVA DR	Address	7506NOVA DRIVE
City-State-Zip:	DAVIE FL 33317	City-State-Zip:	DAVIE FL 33317
	-		-
Title			
THE	S	Title	1
Name	S ELAINE, LOMBARDO MS	Name	I METIN, GLORIA
			I METIN, GLORIA 7522 NOVA DR

PRES

01/19/2014