

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745734

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC442158823**

**Entity Name:** NOVA GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8211 W BROWARD BLVD SUITE PH1  
PLANTATION, FL 33324

**Current Mailing Address:**

8211 W BROWARD BLVD SUITE PH1  
PLANTATION, FL 33324 US

**FEI Number:** 59-1999646

**Certificate of Status Desired:** No

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

ZIFRONY, MATTHEW  
110 SE 6TH STREET  
15 FLOOR  
FT LAUDERDALE, FL 33301 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SANTARE, CHARLES  
Address        7060 NOVA DRIVE #302-C  
City-State-Zip: DAVIE FL 33317

Title            VP  
Name            ZIADIE, FERRIS  
Address        7020 NOVA DRIVE #305-D  
City-State-Zip: DAVIE FL 33317

Title            S  
Name            LIVINGSTON, BRENDA  
Address        7080 NOVA DRIVE #205-B  
City-State-Zip: DAVIE FL 33317

Title            T  
Name            PETRELLI, ANTHONY  
Address        7080 NOVA DRIVE #204-B  
City-State-Zip: DAVIE FL 33317

Title            DIRECTOR  
Name            FRANZ, HERBERT  
Address        7020 NOVA DRIVE #307-B  
City-State-Zip: DAVIE FL 33317

Title            D  
Name            CLEMENTE, RICHARD  
Address        7000 NOVA DRIVE #202-E  
City-State-Zip: DAVIE FL 33317

Title            DIRECTOR  
Name            KONTOGIANNIS, JOSEPHINE  
Address        7020 NOVA DRIVE #102-C  
City-State-Zip: DAVIE FL 33317

*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:** CHARLES SANTARE

**PRESIDENT**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date