


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 731827 1. Entity Name NOVA VILLAS CONDOMINIUM, INC.	
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Principal Place of Business 2391 SW 70TH AVENUE DAVIE, FL 33317	Mailing Address 2391 SW 70TH AVENUE DAVIE, FL 33317
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01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1686864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALCEDO, ROBERTA 2368 SW 70 WAY DAVIE, FL 33317

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STONE, GERTRUDE 2350 SW 70 TERRACE DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAGNON, ALMA 2340 SW 70 TERRACE DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALCEDO, ROBERTA 2368 SW 70 WAY DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WIEDNER, CAROL 7030 SW 23 STREET DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Roberta Salcedo ROBERTA SALCEDO 1/25/05 954 474-6122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #