


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 014 ****61.25

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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DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1686864	Applied For <input type="checkbox"/> 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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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 _____

Filing Fee is \$61.25 Due by May 1, 2006	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	SD
NAME	STONE, GERTRUDE
STREET ADDRESS	2350 SW 70 TERRACE
CITY-ST-ZIP	DAVIE, FL 33317
TITLE	PD
NAME	GAGNON, ALMA
STREET ADDRESS	2340 SW 70 TERRACE
CITY-ST-ZIP	DAVIE, FL 33317
TITLE	TD
NAME	SALCEDO, ROBERTA
STREET ADDRESS	2368 SW 70 WAY
CITY-ST-ZIP	DAVIE, FL 33317
TITLE	VD
NAME	WIEDNER, CAROL
STREET ADDRESS	7030 SW 23 STREET
CITY-ST-ZIP	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 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: ROBERTA SALCEDO 1/11/06 954 424-6122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #