


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 737669 1. Entity Name NOVA HILLS NORTH CONDOMINIUM, INC.	
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Principal Place of Business 7560 NOVA DR DAVIE, FL 33317	Mailing Address 7560 NOVA DR DAVIE, FL 33317
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01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1890641	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 SOLOW, PAM 7528 NOVA DR DAVIE, FL 33317
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**DO NOT WRITE
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: <i>Pam Solow</i> 1-18-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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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	PD SOLOW, PAM 7528 NOVA DR DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWNE, REGINALD 7504 NOVA DRIVE DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MONGSTON, DONNA 7506 NOVA DR DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SQUICCIANINO, GAIL 7522 NOVA DR DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/03/05-80048-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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: <i>Pam Solow</i> PAM Solow 1-18-05 305.325.5692 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #