

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY - 1 AM 9: 23

**DOCUMENT # 742918 (6)**  
1. Corporation Name  
**NOVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
P.O. BOX 16837 P.O. BOX 16837  
PLANTATION FL 33318 PLANTATION FL 33318

3. Date Incorporated or Qualified **05/18/1978** 3a. Date of Last Report **05/31/1994**  
4. FEI Number **59-2091784** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DACHELET, ALYSON R. P.A.  
700 S.E. 3RD AVENUE  
SUITE 401  
FT. LAUDERDALE FL 33318**

10. Name and Address of New Registered Agent  
81 Name **Susan P. Bakalar, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1152 N. University Drive, Suite 201**  
83  
84 City **Pembroke Pines, FL** 85 Zip Code **33024**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Susan P. Bakalar P.A. President** **Susan P. Bakalar** 5/18/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DP NEAGUS, RUSSELL 2264 NOVA VILLAGE DRIVE DAVIE FL  
DVP HORN BROOK, DONAL 2209 NOVA VILLAGE DR DAVIE FL  
DT COHEN, LORI 2176 NOVA VILLAGE DRIVE DAVIE, FL 00000  
D VASQUEZ, JOSE 2274 NOVA VILLAGE DR. DAVIE FL  
DS BOWEN, CHRISTINE 2154 NOVA VILLAGE DR DAVIE FL  
D MCCONNELL, JOYCE 2184 NOVA VILLAGE DR. DAVIE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE DT  Change  Addition  
1.2 NAME Neagus, Russell  
1.3 STREET ADDRESS 2264 Nova Village Drive  
1.4 CITY-ST-ZIP Davie FL  
2.1 TITLE DP  Change  Addition  
2.2 NAME Hornbrook, Donald  
2.3 STREET ADDRESS 2209 Nova Village Drive  
2.4 CITY-ST-ZIP Davie FL  
3.1 TITLE DVP  Change  Addition  
3.2 NAME Robert O'Brien,  
3.3 STREET ADDRESS 2271 Nova Village Drive  
3.4 CITY-ST-ZIP Davie FL  
4.1 TITLE D  Change  Addition  
4.2 NAME Gary Lewis,  
4.3 STREET ADDRESS 2118 Nova Village Drive  
4.4 CITY-ST-ZIP Davie FL  
5.1 TITLE DS  Change  Addition  
5.2 NAME Hannah Green,  
5.3 STREET ADDRESS 2250 Nova Village Drive  
5.4 CITY-ST-ZIP Davie, FL 33317  
6.1 TITLE D  Change  Addition  
6.2 NAME George Zakaib,  
6.3 STREET ADDRESS 2214 Nova Village Drive  
6.4 CITY-ST-ZIP Davie, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, as required, or on an attachment with an address.

SIGNATURE: **Neagus - Director** 4/29/95 474-4892  
Signature, typed or printed name of signing officer or director (In new filings)