

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742918 (6)

1. Corporation Name
NOVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.



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 **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 [] 26 **8051 West McNab Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 [] 27 []
City & State City & State
23 [] 28 **Tamarac, FL**
Zip Country Zip Country
24 [] 25 [] 29 **33321** 30 **USA**

4. FEI Number **59-2091784** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BAKALAR, SUSAN P P.A.
1152 N UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name **Ambassador Community Mgmt**
82 Street Address (P.O. Box Number is Not Acceptable) **8051 W. McNab Rd**
83 []
84 City **Tamarac** FL 85 Zip Code **33321**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Steve Culotta* 3/13/96 **Steve Culotta-President/Ambassador Community Mgmt.**
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	NEAGUS, RUSSELL	
STREET ADDRESS	2264 NOVA VILLAGE DRIVE	
CITY - ST - ZIP	DAVIE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HORNBROOK, DONAL	
STREET ADDRESS	2209 NOVA VILLAGE DR	
CITY - ST - ZIP	DAVIE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	O'BRIEN, ROBERT	
STREET ADDRESS	2271 NOVA VILLAGE DRIVE	
CITY - ST - ZIP	DAVIE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, GARY	
STREET ADDRESS	2118 NOVA VILLAGE DRIVE	
CITY - ST - ZIP	DAVIE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GREEN, HANNAH	
STREET ADDRESS	2250 NOVA VILLAGE DRIVE	
CITY - ST - ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAKAIB, GEORGE	
STREET ADDRESS	2214 NOVA VILLAGE DRIVE	
CITY - ST - ZIP	DAVIE, FL 00000	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Don Hullock* 3/13/96 954-700-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)