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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 8051 WEST MCNAB ROAD
PLANTATION FL 33318 TAMARAC FL 33321-3254
US

3. Date Incorporated or Qualified 05/18/1978
3a. Date of Last Report 03/19/1996
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

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 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
AMBASSADOR COMMUNITY MANAGEMENT
8051 W. MCNAB ROAD
TAMARAC FL 33321

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	NEAGUS, RUSSELL	
STREET ADDRESS	2264 NOVA VILLAGE DRIVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HORN BROOK, DONAL	
STREET ADDRESS	2209 NOVA VILLAGE DR	
CITY-ST-ZIP	DAVIE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, ROBERT	
STREET ADDRESS	2271 NOVA VILLAGE DRIVE	
CITY-ST-ZIP	DAVIE, FL 00000	
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	ZAKAIB, GEORGE	
STREET ADDRESS	2214 NOVA VILLAGE DRIVE	
CITY-ST-ZIP	DAVIE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lewis, Gary
2.3 STREET ADDRESS	2118 Nova Village Drive
2.4 CITY-ST-ZIP	Davie, FL
3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Zakai b, George
3.3 STREET ADDRESS	2214 Nova Village Drive
3.4 CITY-ST-ZIP	Davie, FL
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Maalouf, Denise
4.3 STREET ADDRESS	2188 Nova Village Drive
4.4 CITY-ST-ZIP	Davie, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	McCluskey, Scot
6.3 STREET ADDRESS	2102 Nova Village Drive
6.4 CITY-ST-ZIP	Davie, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 1-29-97 DAYTIME PHONE: 954-720-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)