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FILED
May 18 1998 8:00 am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 742918
1. Corporation Name
NOVA VILLAGE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
P.O. Box 291135 P.O. Box 291135
DAVIE FL 33329 DAVIE FL 33329

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 DAVIE FL
24 Zip Country 29 Zip Country 30 USA

3. Date Incorporated or Qualified 5/18/78
4. FEI Number 59-209784 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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name LINDA SHIMKO
82 Street Address (P.O. Box Number is Not Acceptable) 2274 NOVA VILLAGE DR.
83 DAVIE FL 33317
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 provisions of Section 617.0503, Florida Statutes.
SIGNATURE: *Linda Shimko* LINDA SHIMKO TREASURER. 4/30/98
NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D.P.	<input type="checkbox"/> DELETE
NAME	JO ANN WALKLEY	
STREET ADDRESS	2205 NOVA VILLAGE DR.	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	D.T.	<input type="checkbox"/> DELETE
NAME	LINDA SHIMKO	
STREET ADDRESS	2274 NOVA VILLAGE DR.	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	D.S.	<input type="checkbox"/> DELETE
NAME	HANNAH GREEN	
STREET ADDRESS	2250 NOVA VILLAGE DR.	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	DENISE MAJLOUF	
STREET ADDRESS	2188 NOVA VILLAGE DR.	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	700002528177
5.4 CITY-ST-ZIP	-05/19/98--01008--013
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***\$1.25
6.4 CITY-ST-ZIP	

14. I 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: *Jo Walkley* Jo Walkley, President 4/16 321-4207
Date Daytime Phone: 4

CR2E037 (10/97)

5/18