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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

Principal Place of Business Mailing Address
 PO BOX 291135 PO BOX 291135
 DAVIE FL 33329 DAVIE FL 33329



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/18/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2091784
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LINDA SHIMKO 2274 NOVA VILLSGE DR DAVIE FL 33317		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 Linda Shimko Treas. Linda Shimko DATE 3-5-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JO ANN WALKLEY	1.2 NAME	
STREET ADDRESS	2205 NOVA VILLAGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33317	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA SHIMKO	2.2 NAME	
STREET ADDRESS	2274 NOVA VILLAGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33317	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAH GREEN	3.2 NAME	
STREET ADDRESS	2250 NOVA VILLAGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33317	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENISE MAALOUF	4.2 NAME	CHARLIE MIONE
STREET ADDRESS	2188 NOVA VILLAGE DRIVE	4.3 STREET ADDRESS	2270 NOVA VILLAGE DR.
CITY-ST-ZIP	DAVIE FL 33317	4.4 CITY-ST-ZIP	DAVIE FL 33317
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, HANNAH	5.2 NAME	KURT HEIMMILLER
STREET ADDRESS	2250 NOVA VILLAGE DRIVE	5.3 STREET ADDRESS	2179 NOVA VILLAGE DR.
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	DAVIE FL 33317
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLUSKEY, SCOT	6.2 NAME	BARBARA MILLER
STREET ADDRESS	2102 NOVA VILLAGE DR.	6.3 STREET ADDRESS	2111 NOVA VILLAGE DR
CITY-ST-ZIP	DAVIE, FL 00000	6.4 CITY-ST-ZIP	DAVIE FL 33317

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, with all other like empowered.

SIGNATURE: Jo Ann Walkley DATE: 3/5/99 DAYTIME PHONE #: 954-494-4892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)