


FILE NOW: FILING FEE IS \$61.25

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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 2285 Nova Village Dr. Davie, FL 33317 | | Mailing Address 2285 Nova Village Dr. Davie, FL 33317 |

FILED
 99 JUL 27 PH 3:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| | | |
|---|-------------------------|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5/18/78 |
| 22. City & State | 27. City & State | 4. FEI Number |
| 23. Zip | 28. Zip | 59-2091784 |
| 24. Country | 29. Country | Applied For |
| 25. Country | 30. Country | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 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 Shinko 2274 Nova Village Dr. Davie, FL 33317 | | | | 81. Name | Gary A. Poliakoff, J.D. | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | Becker & Poliakoff, P.A. | | |
| | | | | 83. Street Address | 3111 Stirling Road | | |
| | | | | 84. City | Ft. Lauderdale | 85. Zip Code | FL 33312 |

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: [Signature] DATE: 7-9-99

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-------------------------------------|--|--|---|-----------------------|--|--|
| TITLE | President/D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | President/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | To Ann McHaley | | | 1.2 NAME | Neil Starr | | |
| STREET ADDRESS | 2205 Nova Village Dr. | | | 1.3 STREET ADDRESS | 2150 Nova Village Dr. | | |
| CITY-ST-ZIP | Davie, FL 33317 | | | 1.4 CITY-ST-ZIP | Davie, FL 33317 | | |
| TITLE | Linda Shinko Treasurer/D | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | Vice President/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Linda Shinko | | | 2.2 NAME | Barbara Miller | | |
| STREET ADDRESS | 2274 Nova Village Dr. | | | 2.3 STREET ADDRESS | 2111 Nova Village Dr. | | |
| CITY-ST-ZIP | Davie, FL 33317 | | | 2.4 CITY-ST-ZIP | Davie, FL 33317 | | |
| TITLE | Secretary/D | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | Secretary/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | Hannah Olson | | | 3.2 NAME | Cheryl Hill | | |
| STREET ADDRESS | 2250 Nova Village Dr. | | | 3.3 STREET ADDRESS | 2113 Nova Village Dr. | | |
| CITY-ST-ZIP | Davie, FL 33317 | | | 3.4 CITY-ST-ZIP | Davie, FL 33317 | | |
| TITLE | Vice President/D | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | Treasurer/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | Hunt Hemmiller | | | 4.2 NAME | Lisa Winer | | |
| STREET ADDRESS | 2179 Nova Village Dr. | | | 4.3 STREET ADDRESS | 2146 Nova Village Dr. | | |
| CITY-ST-ZIP | Davie, FL 33317 | | | 4.4 CITY-ST-ZIP | Davie, FL 33317 | | |
| TITLE | Director | <input type="checkbox"/> DELETE | | 5.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | Charlie Mione | | | 5.2 NAME | Geoff FABRICANT | | |
| STREET ADDRESS | 2276 Nova Village Dr. | | | 5.3 STREET ADDRESS | 2117 Nova Village Dr. | | |
| CITY-ST-ZIP | Davie, FL 33317 | | | 5.4 CITY-ST-ZIP | Davie, FL 33317 | | |
| TITLE | Director | <input type="checkbox"/> DELETE | | 6.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | Barbara Miller | | | 6.2 NAME | Edward Foltz | | |
| STREET ADDRESS | 2111 Nova Village Dr. | | | 6.3 STREET ADDRESS | 2155 Nova Village Dr. | | |
| CITY-ST-ZIP | Davie, FL 33317 | | | 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: Neil Starr Neil Starr 7/8/99 (954) 424-3513
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

Director
Brian Rolfs
2163 Nova Village Dr
Davie, FL 33317

✓ Addition

~~Dir. Rolfs~~

~~2163 Nova Village Dr~~