


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

05-05-2005 90089 009 \*\*\*61.25  
742918

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



FILED

05 MAY 25 AM 9:56

SECRETARY OF STATE  
*enclosed as thank you*



Principal Place of Business  
**2285 NOVA VILLAGE DR  
DAVIE, FL 33317**

Mailing Address  
**2285 NOVA VILLAGE DR  
DAVIE, FL 33317**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03032005 Chg-NP CR2E037 (10/03)

City & State  
Zip Country

4. FEI Number  
**59-2091784**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOLODAK, EDWARD PA  
2500 HOLLYWOOD BLVD.  
212  
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, CHERYL 2113 NOVA VILLAGE DR. DAVIE, FL 33317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE MEYER, ED 2257 NOVA VILLAGE DRIVE DAVIE, FL 33317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DION, BARBARA 2220 NOVA VILLAGE DR DAVIE, FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEAKER, VIRGINIA 2130 NOVA VILLAGE DRIVE DAVIE, FL 33317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STARR, LISA 2148 NOVA VILLAGE DR DAVIE, FL 33317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shawn Nicholson 2231 Nova Village Drive Davie, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Thomas Hellwig 2137 Nova Village Drive Davie FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Barbara Dion 2220 Nova Village Drive Davie FL 33317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Catherine Piwoni 2145 Nova Village Drive Davie, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shawn Nicholson* President **4/24/05 954474-4892**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #