2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 742918

Entity Name: NOVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2285 NOVA VILLAGE DR
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

2285 NOVA VILLAGE DR
DAVIE, FL 33317

New Mailing Address:

FEI Number: 59-2091784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLODAK, EDWARD PA
2500 HOLLYWOOD BLVD.
212
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

HOLODAK, EDWARD PA
2500 HOLLYWOOD BLVD
212
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: _____ 04/28/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NICHOLSON, SHAWN
Address: 2231 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317

Title: VD ( ) Delete
Name: HELLWIG, THOMAS
Address: 2137 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317

Title: SD ( ) Delete
Name: DION, BARBARA
Address: 2220 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317

Title: SD ( ) Delete
Name: DION, BARBARA
Address: 2220 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317

Title: TD (X) Delete
Name: PIWONI, CATHERINE
Address: 2145 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: HILL, CHERYL
Address: 2113 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317

Title: TD (X) Change ( ) Addition
Name: BARTH, RYAN
Address: 2228 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN NICHOLSON PD 04/28/2006
Electronic Signature of Signing Officer or Director — Date