

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742918

FILED
Apr 28, 2007
Secretary of State

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:

KATZMAN & KORR, P.A.
1501 NORTHWEST 49TH STREET
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

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: HILL, CHERYL
Address: 2113 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: VARGAS, JUAN
Address: 2171 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317

Title: TD (X) Change () Addition
Name: NICHOLSON, SHAWN
Address: 2231 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317

I hereby certify that the information supplied with this filing does not qualify 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

TD

04/28/2007

Electronic Signature of Signing Officer or Director

Date