

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

5/5/

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90225 046 \*\*\*61.25

**DOCUMENT # 742918**

1. Entity 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**

**55044400**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2091784**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLIDAK, EDWARD PA  
2500 HOLLYWOOD BLVD.  
212  
HOLLYWOOD FL 33020**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PO**  Delete  
NAME: **SCHIAVONE, KAREN**  
STREET ADDRESS: **2148 NOVA VILLAGE DRIVE**  
CITY-ST-ZIP: **DAVIE FL 33317**

TITLE: **President**  Change  Addition  
NAME: **Cheryl Hill**  
STREET ADDRESS: **2113 Nova Village Dr.**  
CITY-ST-ZIP: **DAVIE, FL 33317**

TITLE: **VPD**  Delete  
NAME: **MARTINEZ, GEORGE**  
STREET ADDRESS: **2158 NOVA VILLAGE DRIVE**  
CITY-ST-ZIP: **DAVIE FL 33317**

TITLE: **Vice-President**  Change  Addition  
NAME: **Ed DeMeyer**  
STREET ADDRESS: **2257 Nova Village Drive**  
CITY-ST-ZIP: **DAVIE, FL 33317**

TITLE: **TD**  Delete  
NAME: **NICHOLSON, SHAWN**  
STREET ADDRESS: **2231 NOVA VILLAGE DR**  
CITY-ST-ZIP: **DAVIE FL 33317**

TITLE: **Secretary**  Change  Addition  
NAME: **[Blank]**  
STREET ADDRESS: **[Blank]**  
CITY-ST-ZIP: **[Blank]**

TITLE: **SD**  Delete  
NAME: **CAREY, DEBORAH**  
STREET ADDRESS: **2157 NOVA VILLAGE DR.**  
CITY-ST-ZIP: **DAVIE FL 33317**

TITLE: **Treasurer**  Change  Addition  
NAME: **Lori Windler**  
STREET ADDRESS: **2176 Nova Village Dr.**  
CITY-ST-ZIP: **DAVIE, FL 33317**

TITLE:  Delete  
NAME: **[Blank]**  
STREET ADDRESS: **[Blank]**  
CITY-ST-ZIP: **[Blank]**

TITLE: **Director**  Change  Addition  
NAME: **Virginia Speaker**  
STREET ADDRESS: **2130 Nova Village Drive**  
CITY-ST-ZIP: **DAVIE, FL 33317**

TITLE:  Delete  
NAME: **[Blank]**  
STREET ADDRESS: **[Blank]**  
CITY-ST-ZIP: **[Blank]**

TITLE:  Change  Addition  
NAME: **[Blank]**  
STREET ADDRESS: **[Blank]**  
CITY-ST-ZIP: **[Blank]**

12. 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 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: *Virginia Speaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Virginia Speaker* 4/25/03

954-474-4892  
Daytime Phone #

CR2E037 (10/02)