2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N06000011756

Entity Name: VILLA NOVA CONDOMINIUM ASSOCIATION OF DAVIE, INC.

Current Principal Place of Business:

MANAGEMENT OFFICE
6840 NOVA DRIVE
DAVIE, FL 33314

New Principal Place of Business:

MANAGEMENT OFFICE
6840 NOVA DRIVE
DAVIE, FL 33317

Current Mailing Address:

KATZMAN GARFINKEL
1501 NW 49TH STREET, SUITE 202
FORT LAUDERDALE, FL 33309

New Mailing Address:

MANAGEMENT OFFICE
6840 NOVA DRIVE
DAVIE, FL 33317

FEI Number: 20-8658688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 NW 49TH STREET
SUITE 202
FORT 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: DP ( ) Delete
Name: EGOZI, MOISES
Address: 6840 NOVA DRIVE
City-St-Zip: DAVIE, FL 33317

Title: DV ( ) Delete
Name: VALLEJO IREGUI, JUAN PABLO
Address: 6840 NOVA DRIVE
City-St-Zip: DAVIE, FL 33317

Title: DST ( ) Delete
Name: EGOZI, MARIO
Address: 6840 NOVA DRIVE
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MOISES EGOZI MGR 03/24/2009
Electronic Signature of Signing Officer or Director — Date