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Jan 30 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46138 (6)

1. Corporation Name

NOVA HIGH SCHOOL BAND PARENTS ASSOCIATION, INCORPORATED

Principal Place of Business

3600 COLLEGE AVE.
DAVIE FL 33314

Mailing Address

3600 COLLEGE AVE.
DAVIE FL 33314-7723



3. Date Incorporated or Qualified
11/20/1991

3a. Date of Last Report
08/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-0312506

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTMANN, MARY ANN
2902 CAYENNE AVENUE
COOPER CITY FL 33026

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Mary Ann Antmann

Mary Ann Antmann Treasurer

1-17-97

Signature, by which or printed name of registered agent and title if applicable

(Not a Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME WARDLAW, VIVAN
STREET ADDRESS 1981 NW 178TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE PD
NAME CORR, DIANE
STREET ADDRESS 601 CYPRESS DRIVE WEST
CITY-ST-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE VD
NAME CHURCH, ROSE
STREET ADDRESS 1801 NW 88TH WAT
CITY-ST-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE TD
NAME ANTMANN, MARY ANN
STREET ADDRESS 2902 CAYENNE AVENUE
CITY-ST-ZIP COOPER CITY FL ☐ DELETE

TITLE D
NAME KLUTZ, MARIA
STREET ADDRESS 749 NW 91ST TERR.
CITY-ST-ZIP PLANTATION FL ☐ DELETE

TITLE TD
NAME ANTMANN, LEONARD
STREET ADDRESS 2902 CAYENNE AVENUE CO
CITY-ST-ZIP COOPER CITY FL ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Mary Ann Antmann

1-17-97 (054)438-0435

CR2E037 (9/96)