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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46138 (6)
1. Corporation Name
NOVA HIGH SCHOOL BAND PARENTS ASSOCIATION, INCORPORATED

Principal Place of Business 9800 COLLEGE AVE. DAVIE FL 33314	Mailing Address 3600 COLLEGE AVE. DAVIE FL 33314
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 11/20/1991
4. FEI Number 65-0312506
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ANTMANN, MARY ANN
2902 CAYENNE AVENUE
COOPER CITY FL 33026**

10. Name and Address of New Registered Agent
81 Name **LINDA WEAVER**
82 Street Address (P.O. Box Number is Not Acceptable)
14360 SW 29TH COURT
83
84 City **DAVIE** FL 85 Zip Code **33330**

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 *Sandra B. Weaver* **LINDA WEAVER** **2/10/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	WARDLAW, VIVAN
STREET ADDRESS	1981 NW 178TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CORR, DIANE
STREET ADDRESS	601 CYPRESS DRIVE WEST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	CHURCH, ROSE
STREET ADDRESS	1801 NW 88TH WAT
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ANTMANN, MARY ANN
STREET ADDRESS	2902 CAYENNE AVENUE
CITY-ST-ZIP	COOPER CITY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KLUTZ, MARIA
STREET ADDRESS	749 NW 91ST TERR.
CITY-ST-ZIP	PLANTATION FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ANTMANN, LEONARD
STREET ADDRESS	2902 CAYENNE AVENUE CO
CITY-ST-ZIP	COOPER CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOANNE GILL
1.3 STREET ADDRESS	1901 SW 67TH TERRACE
1.4 CITY-ST-ZIP	PLANTATION, FL 33317
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LINDA WEAVER
2.3 STREET ADDRESS	14360 SW 29TH COURT
2.4 CITY-ST-ZIP	DAVIE, FL 33330
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DALE PINE
3.3 STREET ADDRESS	733 NW 100TH TERRACE
3.4 CITY-ST-ZIP	PLANTATION, FL 33324
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PAUL BARAD
4.3 STREET ADDRESS	11309 LAKEVIEW DRIVE
4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROSE ZEIDELL
5.3 STREET ADDRESS	5208 HARRISON STREET
5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VIOLET ANDREWS
6.3 STREET ADDRESS	16346 NW 6TH DRIVE
6.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026

14. 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 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: *Sandra Weaver Pres.* **LINDA WEAVER** **2/10/98** **474-4021**

CR2E037 (10/97)