NONPROFIT	IG FEE IS \$61	TMENT OF STATE		
CORPORATION ANNUAL REPORT	FMS:	. Mortham y of State		
1996 5-1-9		OFFORATIONS		
	0000650 (2)			
NOVELTY SUBDIVISION HOMEOWN	NERS' ASSOCIATION,	INC		
Principal Place of Business	Mailing Address			BOLLI OBIRK OOMIS OOLIO OLIOI SIIII BOSI IODI
% COMMUNITY DEVELOPMENT 100 W. ATLANTIC BLVD. POMPANO BEACH FL 33060 % COMMUNITY DEVELOPMENT 100 W. ATLANTIC BLVD. POMPANO BEACH FL 33060		Date Incorporated or Qualified 02/08/1993	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26 Suite Apt # etc		65-0486193	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 29	Country 30		Yes No
24 25 9. Name and Address of Curren			10. Name and Address of New R	legistered Agent
		81 Name	ddress (P.O. Box Number is Not Acceptab	Je)
HUDSON, L. JAMES COMMUNITY DEVELOPMENT			iciress (r.o. box number is not Acceptat	
100 W. ATLANTIC BLVD.		83	<u></u>	
POMPANO BEACH FL 33060		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 617.0502 or registered agent, or both, in the State of Floric	2 and 617.1508, Florida Statute	s, the above-named corp	poration submits this statement for the pur	rpose of changing its registered office
familiar with, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.	o by the corporations bu	pard of directors. I hereby accept the app	ORALI ent as registered agent. I will
familiar with, and accept the obligations of, Section Signature, typed or printed name of registered agent	and this if applicable. (NO)	TE: Rogistered Agent signature requ	juired when reinstating)	
familiar with, and accept the ooilgations of, Sect. SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AN	ion 617.0303, Fiorida Statutes.		juired when reinstating)	
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