

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

1996 5-1-96

DIVISION OF CORPORATIONS

DOCUMENT # N93000000650 (2)

1. Corporation Name

NOVELTY SUBDIVISION HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business

Mailing Address

% COMMUNITY DEVELOPMENT
100 W. ATLANTIC BLVD.
POMPANO BEACH FL 33060

% COMMUNITY DEVELOPMENT
100 W. ATLANTIC BLVD.
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified

02/08/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0486193

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

HUDSON, L. JAMES
COMMUNITY DEVELOPMENT
100 W. ATLANTIC BLVD.
POMPANO BEACH FL 33060

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BYRD, ANTHONY	350 NW 14TH STREET	POMPANO BEACH FL	<input checked="" type="checkbox"/>
VPD	WATKINS, J. C.	370 N. W. 14TH ST	POMPANO BEACH FL	<input checked="" type="checkbox"/>
DVP	PRICE, ERNESTINE	1461 NW 3RD WAY	POMPANO BEACH FL	<input checked="" type="checkbox"/>
DS	JACKSON, JOYCE	360 NW 14TH ST	POMPANO BEACH FL	<input checked="" type="checkbox"/>
DAS	WATKINS, BETTY R	370 N W 14TH STREET	POMPANO BEACH FL	<input checked="" type="checkbox"/>
D	PICKETT, VENDEREE	1401 NW 3RD WAY	POMPANO BEACH FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	J. P. Watkins	370 N. W. 14th St.	POMPANO Bch. FL 33060	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
	VPD	ERNESTINE PRICE	1461 N. W. 3rd Way	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			POMPANO Bch. FL 33060	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
	Flora Lofton DS	340 N. W. 14th St.	POMPANO Beach FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)