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Jul 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33060-6000

3. Date Incorporated or Qualified <b>02/08/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0486193</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>J.C. WATKINS</b>	1.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>370 NW 14TH ST</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>VPD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERNESTINE PRICE</b>	2.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>1461 NW 3RD WAY</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>DS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLORA LOFTON</b>	3.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>340 NW 14 ST</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>POMPANO BEACH FL</b>	3.4 CITY- ST- ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICKETT, VENDEREE</b>	4.2 NAME	
STREET ADDRESS	<b>1401 NW 3RD WAY</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>POMPANO BEACH FL</b>	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>LINDA JONES, Asst. TREASURY</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1460 N.W. 3rd Terr.</b>
CITY- ST- ZIP		5.4 CITY- ST- ZIP	<b>Pompano Beach, FL 33060</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>Joyce Jackson, ASSISTANT SECRETARY</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>360 N.W. 14th Street</b>
CITY- ST- ZIP		6.4 CITY- ST- ZIP	<b>Pompano Beach, FL 33060</b>

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: \_\_\_\_\_

SIGNATURE REQUIRED: \_\_\_\_\_

*Sandra B. Mortham*

CR2E037 (9/96)