

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # S24357 1. Entity Name NOVA CLUB ASSOCIATES, INC.	
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Principal Place of Business 3601 SE OCEAN BLVD SUITE 204 STUART, FL 34996	Mailing Address 3601 SE OCEAN BLVD SUITE 204 STUART, FL 34996
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01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0237723	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CALDER, ROBERT M. 2890 DUNE DRIVE STUART, FL 34996

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CALDER, ROBERT M 3601 S E OCEAN BLVD #204 STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALDER, CAROL A 3601 S E OCEAN BLVD #204 STUART, FL
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01/26/07-80071-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M Calder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____