

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048793

Entity Name: NOVA TITLE COMPANY**Current Principal Place of Business:**7900 GLADES ROAD
STE 530
BOCA RATON, FL 33434**Current Mailing Address:**7900 GLADES ROAD
STE 530
BOCA RATON, FL 33434 US**FEI Number:** 65-0508507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUME, JOHN
7900 GLADES ROAD
STE 530
BOCA RATON, FL 33434 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	HUME, JOHN
Address	7900 GLADES ROAD STE 530
City-State-Zip:	BOCA RATON FL 33434

Title	D
Name	EZRATTI, MAYA
Address	1600 SAWGRASS PKWY., SUITE 400
City-State-Zip:	SUNRISE FL 33323

Title	S
Name	HUME, BARBARA J
Address	7900 GLADES ROAD STE 530
City-State-Zip:	BOCA RATON FL 33434

Title	TREASURER
Name	SCHULTZ, SALLY J
Address	7900 GLADES ROAD STE 530
City-State-Zip:	BOCA RATON FL 33434

Title	D
Name	EZRATTI, ROSA
Address	1600 SAWGRASS PKWY., SUITE 400
City-State-Zip:	SUNRISE FL 33323

Title	VP
Name	JOHNSON, HENRY W
Address	7900 GLADES ROAD STE 530
City-State-Zip:	BOCA RATON FL 33434

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SALLY SCHULTZ

TREASURER

03/15/2014

Electronic Signature of Signing Officer/Director Detail_____
Date