

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 730732 (5)

1. Corporation Name
WYNMOOR COMMUNITY COUNCIL, INC.



Principal Place of Business WYNMOOR COMMUNITY COUNCIL 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US	Mailing Address WYNMOOR COMMUNITY COUNCIL 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066-1485 US
--	---

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/12/1974	3a. Date of Last Report 04/06/1996
4. FEI Number 23-7398864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RAVO, PAT T.
% WYNMOOR COMMUNITY COUNCIL, INC.
1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANETZ, SAMUEL	1.2 NAME	
STREET ADDRESS	2201 K-2 LUCAYA BEND	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALZMAN, WILLIAM	2.2 NAME	
STREET ADDRESS	2303 K-3 LUCAYA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARATZ, HAROLD	3.2 NAME	
STREET ADDRESS	4702 H4 MARTINIQUE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANAK, JULIAN	4.2 NAME	
STREET ADDRESS	1701 ANDROS ISLE E-1	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CK FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINEMAN, HERMAN	5.2 NAME	
STREET ADDRESS	2502 ANTIGUA TERR J-4	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, GEORGE	6.2 NAME	
STREET ADDRESS	2804 F3 VICTORIA WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CK FL	6.4 CITY-ST-ZIP	

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 _____ DATE _____

CR2E037 (9/96)