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 Apr 17 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730732 (5)
 Corporation Name
WYNMOOR COMMUNITY COUNCIL, INC.



Principal Place of Business		Mailing Address	
WYNMOOR COMMUNITY COUNCIL 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US		WYNMOOR COMMUNITY COUNCIL 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US	
21	2a.	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27	28	30
City & State		City & State	
23	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified
09/12/1974

4. FEI Number
23-7398864

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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

*3 Paul Kushner
 2402 Antigua Circle, Apt. D-3
 Coconut Creek, FL 33066*

14. I 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: *Samuel Panetz* Samuel Panetz 1/14/98 (954) 978-2600

CR2E037 (10/97)