

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 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 # 730733 (3)  
1. Corporation Name  
ROSSMOOR BAHAMA VILLAGE ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 09/12/1974  
3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number 59-1554406 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  
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIFIORE, BARBARA	
STREET ADDRESS	1208 BAHAMA BEND APT A-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RUSSO, BETTY	
STREET ADDRESS	1207 F-2 BAHAMA BEND	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUSIMANO, JOSEPH	
STREET ADDRESS	1209 E-2 BAHAMA BEND	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LURIE, SOL	
STREET ADDRESS	1202 BAHAMA BEND APT D-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LISCIO, JANET	
STREET ADDRESS	1207 BAHAMA BEND APT B-2	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth Calasacco
3.3 STREET ADDRESS	1201 Bahama Bend, Apt. 6-2
3.4 CITY-ST-ZIP	Coconut Creek, FL 33066
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Betty Russo *Betty Russo* 1/20/97 (954) 978-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026528

CR2E037 (9/96)