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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jun 10, 1999 8:00 am

Secretary of State

06-10-1999 90038 001 *2,695.00

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Change

Addition

Secretary of State DIVISION OF CORPORATIONS

-1998 19

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # 730733 (3) I IMBfat Millt IMBIC MIBER Agert nimer bien eine 7 574644 - 90038 - 6 ROSSMOOR BAHAMA VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address 1310 AVENUE OF THE STARS 1310 AVENUE OF THE STARS 3. Date Incorporated or Qualified COCONUT CREEK FL 33066 COCONUT CREEK FL 33066 09/12/1974 4. FEI Number Applied For 59-1554406 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt, #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes □ No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RAVO, PAT T. Street Address (P.O. Box Number is Not Acceptable) 1310 AVENUE OF THE STARS % WYNMOOR COMMUNITY COUNCIL, INC. 83 COCONUT CREEK FL 33066 84 City Z:p Code 85 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 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 SD DELETE 1.1 TITLE Addition NAME DIFIORE, BARBARA 1.2 NAME STREET ADDRESS 1208 BAHAMA BEND APT A-1 1.3 STREET ADDRESS CITY - ST - ZIP COCONUT CREEK FL 1.4 CITY - ST - ZIP THILE DELETE 2.1 TITLE Change Addition RUSSO, BETTY NAME 2 2 NAME STREET ADDRESS 1207 F-2 BAHAMA BEND 2.3 STREET ADDRESS CITY - ST - ZIP COCONUT CREEK FL 33066 2. 4 CITY-ST-ZIP TITLE DELETE 3 1 JITLE Change Addition NAME CALASACCO, ELIZABETH 32 NAME STREET ADDRESS 1201 BAHAMA BEND.APT G-2 3.3 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Servidio NAME LURIE, SOL 4. 2 NAME 1207 Bahama Bend, Apt. STREET ADDRESS 1202 BAHAMA BEND APT D-1 4.3 STREET ADDRESS COCONUT CREEK FL CITY - ST - ZIP 44 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME LISCIO, JANET 5.2 NAME STREET ADDRESS 1207 BAHAMA BEND APT B-2 5.3 STREET ADDRESS CITY - ST - ZIP COCONUT CREEK FL 5 4 CITY - ST - ZIP

64 CITY - ST - ZIP 14. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Indereby certify that the information supplied with this filling 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 chapted, or on an elephanent with an address.

[ETTU RUSSI] 5/2/06 (954) 978-2600

6 3 STREET ADDRESS

6 1 TITLE

6.2 NAME

DELETE