

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0072001

03-29-2002 90364 001 *2,695.00

DOCUMENT # 730733

1. Entity Name

ROSSMOOR BAHAMA VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1310 AVENUE OF THE STARS
 COCONUT CREEK FL 33066**

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 COCONUT CREEK FL 33066**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1554406

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	ABOLAFIA, ELAINE	1202 BAHAMA BEND APT F2	COCONUT CREEK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	ABEL, PHYLLIS	1212 BAHAMA BEND APT	COCONUT CREEK FL 33066	<input checked="" type="checkbox"/>	D	SERVIDIO, CAROLE	1207 BAHAMA BEND APT G-2	COCONUT CREEK, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TD	BARONICK, MURRAY	1204 BAHAMA BEND APT D2	COCONUT CREEK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	FERRI, ROBERT	1103 BAHAMA BEND APT A1	COCONUT CREEK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	LISCIO, JANET	1207 BAHAMA BEND APT B-2	COCONUT CREEK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Elaine Abolafia 1/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)