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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

~~1998~~ 1999

DOCUMENT # 734393 (2)

1. Corporation Name

WYNMOOR NASSAU 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/20/1975

4. FEI Number

59-1655157

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ACHTER, SARINA	
STREET ADDRESS	2613 B2 NASSAU BEND	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MROZ, IRENE	
STREET ADDRESS	2709 D-2 NASSAU BEND	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PERRILLO, CHARLES	
STREET ADDRESS	2612 A-2 NASSAU BEND	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, MARVIN	
STREET ADDRESS	2702 H-1 NASSAU BEND	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BARMAN, PAULINE	
STREET ADDRESS	2612 B-1 NASSAU BEND	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STUDIN, SY	
1.3 STREET ADDRESS	2710 NASSAU BEND, APT. H-2	
1.4 CITY-ST-ZIP	COCONUT CREEK-FL 33066	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harvey Richards	
2.3 STREET ADDRESS	2709 Nassau Bend, Apt. F-2	
2.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GOLDBERG, HAROLD	
4.3 STREET ADDRESS	2612 NASSAU BEND, APT. G-1	
4.4 CITY-ST-ZIP	COCONUT CREEK-FL 33066	
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 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 in an addendum.

SIGNATURE

Pauline Barmak

Pauline Barmak - President 5/20/99 (954) 978-2600