

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736366** (6)  
1. Corporation Name  
**ROSSMOOR NASSAU VILLAGE WEST I ASSOCIATION, INC.**

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

3. Date Incorporated or Qualified <b>07/08/1976</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1689119</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RAVO, PAT T. 1310 AVENUE OF THE STARS % WYNMOOR COMMUNITY COUNCIL, INC. COCONUT CREEK FL 33066</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LYNN, ELLA</b>	1.2 NAME	<b>D/T</b>
STREET ADDRESS	<b>2705 E1 NASSAU BEND</b>	1.3 STREET ADDRESS	<b>Jane Rismann</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	1.4 CITY - ST - ZIP	<b>2704 Nassau Bend, Apt. J-1</b>
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALOPEK, MATTHEW</b>	2.2 NAME	
STREET ADDRESS	<b>2705 E-2 NASSAU BEND</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BULL, WALLACE</b>	3.2 NAME	
STREET ADDRESS	<b>2706 F-1 NASSAU BEND</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLONEN, CAROLE</b>	4.2 NAME	
STREET ADDRESS	<b>2705 A-1 NASSAU BEND</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	4.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAUST, MELVIN</b>	5.2 NAME	
STREET ADDRESS	<b>2704 I-2 NASSAU BEND</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCONUT CREEK, FL 00000</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE: Melvin Faust Melvin Faust 1/7/98 (954) 978-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1097)