

FILE NOW: FILING FEE IS \$61.25

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Jun 10, 1999 8:00 am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT

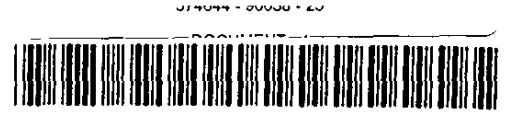


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

~~1998~~ 1999

06-10-1999 90038 001 *2,695.00

DOCUMENT # 737296 (4)
 Corporation Name
NASSAU VILLAGE WEST II ASSOCIATION, INC.



Principal Place of Business 1001 WYNMOOR CIR. COCONUT CREEK FL 33066		Mailing Address 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US		3. Date Incorporated or Qualified 11/15/1976
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1708041
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
24	Country	29	Zip	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
30	Country			

9. Name and Address of Current Registered Agent RAVO, PAT T. 1310 AVENUE OF THE STARS % WYNMOOR COMMUNITY COUNCIL, INC. COCONUT CREEK FL 33066				10. Name and Address of New Registered Agent	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, GERTRUDE	1.2 NAME	
STREET ADDRESS	2603 H-1 NASSAU BEND	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	V/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARMON, JOE	2.2 NAME	
STREET ADDRESS	2601 B1 NASSAU BEND	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOB, CARL	3.2 NAME	
STREET ADDRESS	2604 B-2 NASSAU BEND	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURETZKIN, MITCHELL	4.2 NAME	
STREET ADDRESS	2606 B-2 NASSAU BEND	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Jack Scotti
STREET ADDRESS		5.3 STREET ADDRESS	2601 Nassau Bend, Apt. B-2
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Coconut Creek, FL 33066
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: *Gertrude Weinberg* **GERTRUDE WEINBERG** **5/19/99 (954) 978-3600**
PRESIDENT