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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 744580 (2)
1. Corporation Name
VICTORIA VILLAGE "D" CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business Mailing Address
1310 AVENUE OF THE STARS COCONUT CREEK FL 33066
1310 AVENUE OF THE STARS COCONUT CREEK FL 33066-1485 US

3. Date Incorporated or Qualified 10/13/1978
3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1858180 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 | TD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | YESKEL, PHYLLIS | 1.2 NAME | Rose Jaffe |
| STREET ADDRESS | 2803 F-1 VICTORIA WAY | 1.3 STREET ADDRESS | 2803 Victoria Way, Apt. F-1 |
| CITY-ST-ZIP | COCONUT CREEK, FL 0 | 1.4 CITY-ST-ZIP | Coconut Creek, FL 33066 |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOMER, DOROTHY | 2.2 NAME | |
| STREET ADDRESS | 2803 G-3 VICTORIA WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT CREEK, FL 0 | 2.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COTZIN, SAM | 3.2 NAME | |
| STREET ADDRESS | 2803 D1 VICTORIA WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT CREEK, FL 0 | 3.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZANK, NOMI | 4.2 NAME | |
| STREET ADDRESS | 2803 VICTORIA WAY APT M-1 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT CREEK, FL 0 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPAIZER, IZOLD | 5.2 NAME | |
| STREET ADDRESS | 2803 H-1 VICTORIA WAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT CREEK FL | 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 do 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: Nomi Zank REQUIRED N. Zank (954) 978-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 025551

CR2E037 (9/96)