

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744580

1. Entity Name

VICTORIA VILLAGE "D" CONDOMINIUM ASSOCIATION, IN

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90009 001 *2,695.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1858180

Applied For

Not Applicable

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	SD	<input type="checkbox"/> Delete
NAME	JAFFE, ROSE	
STREET ADDRESS	2803 F-1 VICTORIA WAY	
CITY-ST-ZIP	COCONUT CREEK, FL 0	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOMER, DOROTHY	
STREET ADDRESS	2803 G-3 VICTORIA WAY	
CITY-ST-ZIP	COCONUT CREEK, FL 0	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COTZIN, SAM	
STREET ADDRESS	2803 D1 VICTORIA WAY	
CITY-ST-ZIP	COCONUT CREEK, FL 0	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EPHRAIM, JULIET	
STREET ADDRESS	2803 VICTORIA WAY APT G4	
CITY-ST-ZIP	COCONUT CREEK, FL 0 33066	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPAIZER, IZOLD	
STREET ADDRESS	2803 H-1 VICTORIA WAY	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Juliet Ephraim*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00
 Date

(954) 978-2600
 Daytime Phone #

CRE037 (9/99)