

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91005 001 \*2,695.00

007745

**DOCUMENT # 744580**

1. Entity Name  
**VICTORIA VILLAGE "D" CONDOMINIUM ASSOCIATION, IN C.**



Principal Place of Business  
**1310 AVENUE OF THE STARS  
COCONUT CREEK FL 33066**

Mailing Address  
**1310 AVENUE OF THE STARS  
COCONUT CREEK FL 33066  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1858180**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S**  Delete  
NAME **JAFFE, ROSE**  
STREET ADDRESS **2803 VICTORIAS WAY, APT. D-2**  
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Delete  
NAME **SOMER, DOROTHY**  
STREET ADDRESS **2803 G-3 VICTORIA WAY**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **PD**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD**  Delete  
NAME **COTZIN, SAM**  
STREET ADDRESS **2803 D1 VICTORIA WAY**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **VPD**  Change  Addition  
NAME **HAROLD WEISKOPF**  
STREET ADDRESS **2803 VICTORIA WAY APT. L-2**  
CITY-ST-ZIP **COCONUT CREEK - FL 33066**

TITLE **D**  Delete  
NAME **EPHRAIM, JULIET**  
STREET ADDRESS **2803 VICTORIA WAY G4**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D**  Change  Addition  
NAME **JUDAH JAFFE**  
STREET ADDRESS **2803 VICTORIA WAY APT D-2**  
CITY-ST-ZIP **COCONUT CREEK - FL 33066**

TITLE **P**  Delete  
NAME **SPAIZER, IZOLD**  
STREET ADDRESS **2803 H-1 VICTORIA WAY**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D**  Change  Addition  
NAME **RICHARD FOLTZ**  
STREET ADDRESS **2803 VICTORIA WAY APT. D-3**  
CITY-ST-ZIP **COCONUT CREEK - FL 33066**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 I am empowered.

SIGNATURE: *Dorothy Somer* **DOROTHY SOMER 1/14/03 954978-2600**

CR2E037 (10/02)