

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90038 001 *2,695.00

NONPROFIT CORPORATION ANNUAL REPORT



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

~~1998~~ 1999

DOCUMENT # **744581** (0)

1. Corporation Name
VICTORIA VILLAGE "E" CONDOMINIUM ASSOCIATION, INC.
C.



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

3. Date incorporated or Qualified

10/13/1978

4. FEI Number

59-1814345

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33066

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

PD
RESNICK, STAN
2902 H3 VICTORIA CLE
COCONUT CREEK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

SD
SCHUHMAN, LISL
2902 K3 VICTORIA CLE
COCONUT CREEK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

D
LOMBARDO TED
2902 B4 VICTORIA CRCL.
COCONUT CREEK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

VD
ASH, BETTY
2902 J4 VICTORIA CLE
COCONUT CREEK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TD
BACKER, PAUL
2902 M3 VICTORIA CLE
COCONUT CREEK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T/D Change Addition

Leon Romaner
2902 Victoria Circle, Apt.
Coconut Creek, FL 33066

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:

Betty Ash
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT 5/31/99 (954) 978-2600