FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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

}	-1998 / 999	· /·	CORPORATIONS	06-10-1999 90038 001 *2,695.00
DOC!	UMENT # 74458	1 (0)		
VICT	ORIA VILLAGE "E" CONDOMI	NIUM ASSOCIATION, I	N	DOCUMENT-2
C.			••	
Principal Pi	lace of Business	Mailing Address		
1310 AVENU	E OF THE STARS	1310 AVENUE OF THE STA	npe squ	0.00
COCONUT CREEK FL 33066		COCONUT CREEK FL 33066		3. Date incorporated or Qualified 10/13/1978
		US		4. FEI Number Applied For
2. Principa	l Place of Business	2a. Mailing Address		59-1814345 Not Applica:
21		26		5. Certificate of Status Desired Section Fee Required
Suite, Ap	ot. #. etc.	Suite, Apt. #. etc.		6. Election Campaign Financing \$5.00 May Be
City & St	ate	City & State		Trust Fund Contribution Added to Fees
23		28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curren	t Pagistared Ages	30	Personal Property Tax due June 30. Yes No
	J. Hame and Address of Cuffer	t Negistered Agent	81 Nar	10. Name and Address of New Registered Agent
RAVO,	RAVO, PAT T.			<u> </u>
	1310 AVENUE OF THE STARS			et Address (P.O. Box Number is Not Acceptable)
	IMOOR COMMUNITY COUNCIL, IN	C.	83	
COCONUT CREEK FL 33066				85 Zip Code
11. Pursuan	t to the provisions of Sections 617.0502	and 617 1508. Florida Statute	e the above nam	FL B Zip Code
office or agent. i	registered agent, or both, in the State is am familiar with, and accept the obliga	of Florida, Such change was actions of Section 617 0503. Flor	uthorized by the Crida Statutes	ed corporation submits this statement for the purpose of changing its registerer or poration's board of directors. I hereby accept the appointment as registered
SIGNATURE			, ou 01210100.	
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registered Agent signal 13.	ure required when revisiting) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Additio
NAME .	RESNICK, STAN		1.2 NAME	
STREET ADDRESS	2902 H3 VICTORIA CLE		1 3 STREET ADDRES	
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY - ST - ZIP	
NAME "	SCHUHMANN, LISL	☐ DEFELE	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	2902 K3 VICTORIA CLE		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL		2. 4 CITY - ST - ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	Change Addition
NAME	LOMBARDO TED		3.2 NAME	
STREET ADDRESS CITY-ST-ZIP	2902 B4 VICTORIA CRCL. COCONUT CREEK FL		3.3 STREET ADDRESS	
TITLE	VD VD	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME '	ASH, BETTY	- -	4.2 NAME	Change Addition
STREET ADDRESS	2902 J4 VICTORIA CLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	Z or or	44 CITY - ST - ZIP	
TITLE NAME	TD Backer, Paul	DELETE	5 1 TITLE	T/D Change X Addition
STREET ADDRESS	2902 M3 VICTORIA CLE		5.2 NAME 5.3 STREET ADDRESS	Leen Komaner
CITY-ST-ZIP	COCONUT CREEK FL		5.4 CITY - ST - ZIP	Leen Remaner 2902 Victoria Circle, Apt. Coccut Creek, FL 33066 Change Addition
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6 2 NAME	

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 for on an attachment with an address. SIGNATURE:

6 3 STREET ADDRESS

64 CITY - ST-ZIP