

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744582 (8)

1. Corporation Name

**VICTORIA VILLAGE "F" CONDOMINIUM ASSOCIATION, INC.
C.**



Principal Place of Business

Mailing Address

1310 AVENUE OF THE STARS
1001 WYNMOOR CIRCLE
COCONUT CREEK FL 33066
US

1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US

3. Date Incorporated or Qualified

10/13/1978

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 1310 Avenue of the Stars

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Coconut Creek FL

28

Zip Country

Zip Country

24 33066

25 U.S.A.

29

30

4. FEI Number

59-1814340

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ 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 617.1506, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VT
SCHWADRON, MORRIS
2901 A3 VICTORIA CIRCLE
COCONUT CREEK, FL 00000

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

SD
KUGEL, RITA
2901 E1 VICTORIA CIRCLE
COCONUT CREEK, FL 00000

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
NIEMY, SELMA
2901 F4 VICTORIA CIRCLE
COCONUT CREEK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P
BORNE, ARTHUR A
2901 L3 VICTORIA CIRCLE
COCONUT CREEK, FL 00000

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
BADEN, WILLIAM
2901 L1 VICTORIA CIRCLE
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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (954) 968-2527

CR2E037 (12/95)