### FILE NOW: FILING FEE IS \$61.25

### NONPROFIT **CORPORATION** ANNUAL REPORT 1998

City & State

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

# **POCUMENT #**

(8)

## VICTORIA VILLAGE "F" CONDOMINIUM ASSOCIATION, IN

Principal Place of Business Mailing Address 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US 1310 AVENUE OF THE STARS COCONUT CREEK FL 33068

ncipal Place of Business	2a. Mailing Address
	26
ite, Apt. #, etc.	Suite, Apt. #, etc.
	<u></u>

Country

## City & State Country

## **FILED**

## Apr 21 1998 8:00am Secretary of State

- 1994 AND
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Yes No

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified 10/13/1978

59-1814340

5- Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

24	25	]29]		0			Personal Property Tax due June 30. Yes No						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent								
				8	B1	Name							
RAVO, PAT T.				i i	82 Street Address (P.O. Box Number is Not Acceptable)								
1310 AVENUE OF THE STARS				[		and the residue of the state of							
% WYNMOOR COMMUNITY COUNCIL, INC.			8	33									
COCONUT CREEK FL 33066			}_	B4	0:			Table :	7:- 0				
OGGONG! CIREN IC GOOGG				J.	94	City		FL	85	Zip C	ode		
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 eignature required when reinstating) DATE													
12.	O'gradio ( types o pr	OFFICERS AND DIRECTO		13.		C P G CAGO TE CO.		ES TO OFFICERS AND	DIRECT	ORS	IN 12		
TITLE	Vī		DELETE	1.1 TITL	E				Chan	ge	Addition		
NAME	SCHWADRO	N. MORRIS		1.2 NAM									
STREET ADDRESS		TORIA CIRCLE		1.3 STRE	EET A	ADDRESS							
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TITLE	SD		DELETE	2.1 TITLE			······································		Chan	ge	Addition		
NAME	KUGEL, RITA	4		2.2 NAM	ÆĘ	1							
STREET ADDRESS	2901 E1 VICTORIA CIRCLE 23			2.3 STRE	EET A	ADDRESS							
CITY-ST-ZIP	COCONUT	CREEK, FL 00000		2. 4 CITY	Y-\$T	- ZIP							
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NAME	niemy, sel	MA		3.2 NAM	4E	Ì							
STREET ADDRESS	2901 F4 VIC	TORIA CIRCLE		3.3 STRE	EET A	ADDRESS							
CITY-ST-ZIP	COCONUT	CREEK FL		3.4. CITY	Y-\$1	- ZIP							
TITLE	PD		DELETE	4.1 TITLE	E				Chan	ge	☐ Addition		
NAME	BORNE, ART			4. 2 NAM	ME	l l					ļ		
STREET ADDRESS		TORIA CIRCLE		4.3 STRE	EET A	LODRESS							
CITY-ST-ZIP		CREEK, FL 00000		4.4 CITY		· ZIP			<del></del>				
TIFLE	D		☐ DELETE	5.1 TITLE	-	]			Chan	ge	Addition		
NAME	BADEN, WIL	=		5.2 NAM	Œ	l l					ļ		
STREET ADDRESS		TORIA CIRCLE		5.3 STRE	EET A	ADDRESS (							
CITY-ST-ZIP	COCONUT	CREEK FL		5.4 CITY		-ZIP			<del></del>		r—		
TITLE			DELETE	6.1 TITLE		}			Chan	ge	Addition		
NAME				6.2 NAM									
STREET ADDRESS				6.3 STRE	EET A	DDRESS (					ļ		
CITY - ST - ZIP	- 44 - 45 - 4 - 4 - 5 - 5 - 4		1	6.4 CITY			0	1- 00-A A (A	-04 - 41 - 4	44 - 1			
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 of the corp													