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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 # 744582 (8)
1. Corporation Name
VICTORIA VILLAGE "F" CONDOMINIUM ASSOCIATION, IN
C.

* 5 574644-90038-37 *



Principal Place of Business

Mailing Address

1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US

1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US

3. Date Incorporated or Qualified

10/13/1978

4. FEI Number

59-1814340

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip

Country

24 25 29 30

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE VT ☒ DELETE

NAME SCHWADRON, MORRIS
STREET ADDRESS 2901 A3 VICTORIA CIRCLE
CITY - ST - ZIP COCONUT CREEK, FL 00000

13. TITLE SD ☐ DELETE

NAME KUGEL, RITA
STREET ADDRESS 2901 E1 VICTORIA CIRCLE
CITY - ST - ZIP COCONUT CREEK, FL 00000

14. TITLE D ☐ DELETE

NAME NIEMY, SELMA
STREET ADDRESS 2901 F4 VICTORIA CIRCLE
CITY - ST - ZIP COCONUT CREEK FL

15. TITLE PD ☐ DELETE

NAME BORNE, ARTHUR A
STREET ADDRESS 2901 L3 VICTORIA CIRCLE
CITY - ST - ZIP COCONUT CREEK, FL 00000

16. TITLE D ☐ DELETE

NAME BADEN, WILLIAM
STREET ADDRESS 2901 L1 VICTORIA CIRCLE
CITY - ST - ZIP COCONUT CREEK FL

17. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

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

ARTHUR BORNE
PRESIDENT

5/25/99 (954) 978-2600