

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 744583 (6)**

1. Corporation Name

**VICTORIA VILLAGE "G" CONDOMINIUM ASSOCIATION, IN C.**



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**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-1814337**

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**

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 617.1508, 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.

(NOT Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIRSCH, HERBERT</b>	
STREET ADDRESS	<b>2803 B4 VICTORIA CIR.</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>COHEN, JACK</b>	
STREET ADDRESS	<b>2903 N2 VICTORIA CIRCLE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>NOBLE, ROSE</b>	
STREET ADDRESS	<b>2903 C2 VICTORIA CIR.</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GILBERT, ARTHUR</b>	
STREET ADDRESS	<b>2903 LA VICTORIA CIRCLE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Frieda Horowitz</b>	
1.3 STREET ADDRESS	<b>2803 Victoria Circle, Apt. A-2</b>	
1.4 CITY-ST-ZIP	<b>Coconut Creek, FL 33066</b>	
2.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

**2/15/96**

Date

**(954) 968-2527**

Telephone #

CR2E037 (12/95)