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NONPROFIT CORPORATION ANNUAL REPORT
1998-1999

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.

574544 - 90000 - 00

DOCUMENT - 7



Principal Place of Business Mailing Address

1310 AVENUE OF THE STARS
 COCONUT CREEK FL 33066
 US

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 COCONUT CREEK FL 33066
 US

3. Date Incorporated or Qualified
10/13/1978

4. FEI Number
59-1814337

Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$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

9. Name and Address of Current Registered Agent

RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD HOROWITZ, FRIEDA	1.1 TITLE	
NAME	2803 VICTORIA CIRCLE APT. A-2	1.2 NAME	
STREET ADDRESS	COCONUT CREEK FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD COHEN, JACK	2.1 TITLE	
NAME	2903 N2 VICTORIA CIRCLE	2.2 NAME	
STREET ADDRESS	COCONUT CREEK FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD NOBLE, ROSE	3.1 TITLE	S/D
NAME	2903 C2 VICTORIA CIR.	3.2 NAME	Sylvia Brodsky
STREET ADDRESS	COCONUT CREEK FL	3.3 STREET ADDRESS	2903 Victoria Circle, Apt. D-4
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	V GILBERT, ARTHUR	4.1 TITLE	
NAME	2903 LA VICTORIA CIRCLE	4.2 NAME	
STREET ADDRESS	COCONUT CREEK FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Sommer Cele
NAME		5.2 NAME	2903 Victoria Circle, Apt. M-4
STREET ADDRESS		5.3 STREET ADDRESS	Coconut Creek, FL 33066
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Jack Cohen* Jack Cohen 6/18/99 (954) 978-2600
 President