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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

N04749

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FILED
May 19 1997 8:00am
Secretary of State

| 1310 AVENUE | UDA VILLAGE CONDOMIN ce of Business OF THE STARS | Mailing Address 1310 AVENUE OF THE \$1 | TARS | | |
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| COCONUT CREEK FL 33066 COCONUT CREEK FL 3306 US US | | | 186-1485 | 3. Date incorporated or Qualifie | |
| A B • • • • • • • • • • • • • • • • • • • | Discoul Design | Land Halling Malana | | 08/17/1984 4. FEI Number | 03/22/1996 |
| 2. Principal Place of Business | | 2a. Mailing Address | 26. Walling Address | | Applied For Not Applicable |
| Suite, Apt | t. #, etc. | Suite, Apt. #, etc. | | 59-2529273 | ¢0.75 |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Sta | nie | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip ── | Country | Zip | Country | | for intangible tax under s. 199.032, |
| 4 | 25 9. Name and Address of Curr | rent Registered Agent | 30 | Fiorida Statutes 10. Name and Address of New | Yes No |
| | g. Hallo sita Padi oss of Gall | Total Hogistorius Agent | 81 Name | 10. 1141114 4114 1144 41 11411 | 1105.010.00 |
| DAVO: | DAT T | | | | 1. (. l) |
| RAVO, PAT T. 1310 AVENUE OF THE STARS | | | 82 Street A | Address (P.O. Box Number is Not Accep | orable) |
| | IMOOR COMMUNITY COUNCIL | .INC. | 83 | | |
| | UT CREEK FL 33066 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 84 City | | as Zip Code |
| | | | | | FL i i |
| agent. I SIGNATURE | | iligations of, Section 617.0503, F | lorida Statutes. | corporation submits this statement for the oration's board of directors. I hereby ac- | cobi the appointment as registered |
| | Signature, typed or printed name of registered | agent and title if applicable. (NC | TE: Registered Agent signature r | | DATE |
| | Signature, typod or printed name of registered | AND DIRECTORS | OTE: Registered Agent signature r | required when reinetating) | |
| 12. | Stgriature, typod or printed name of registered OFFICERS / | | | required when reinetating) | DATE FICERS AND DIRECTORS IN 12 |
| 12. TITLE | Signature, typed or printed name of registered OFFICERS / TD FOCHS, STANLEY | AND DIRECTORS DELETE | 13. | required when reinetating) | DATE FICERS AND DIRECTORS IN 12 |
| 12. TITLE NAME | Signature, typed or printed name of registered OFFICERS / TD FOCHS, STANLEY 1903 BERMUDA CIRCLE AI | AND DIRECTORS DELETE | 13. 1.1 TITLE | required when reinetating) | DATE FICERS AND DIRECTORS IN 12 |
| 12. Title Name Street address City+S1-Zip | Signature, typed or printed name of registered OFFICERS / TD FOCHS, STANLEY 1903 BERMUDA CIRCLE AI COCONUT CREEK FL | AND DIRECTORS DELETE PT K-3 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | required when reinetating) ADDITIONS/CHANGES TO OF | DATE FICERS AND DIRECTORS IN 12 Change Addition |
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4. I do 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: BILL POLITICAL PRINTED NAME OF BIGNING OFFICER OF OFFICER OF SIGNATURE OF BIGNING OFFICER OF SIGNATURE OF SIGNA

Daylime Phone # 002552

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