

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90364 001 *2,695.00

DOCUMENT # 744580

1. Entity Name

VICTORIA VILLAGE "D" CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**1310 AVENUE OF THE STARS
 COCONUT CREEK FL 33066**

**1310 AVENUE OF THE STARS
 COCONUT CREEK FL 33066
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1858180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	JAFFE, ROSE	
STREET ADDRESS	2803 VICTORIAS WAY, APT. D-2	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOMER, DOROTHY	
STREET ADDRESS	2803 G-3 VICTORIA WAY	
CITY-ST-ZIP	COCONUT CREEK, FL 0	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COTZIN, SAM	
STREET ADDRESS	2803 D1 VICTORIA WAY	
CITY-ST-ZIP	COCONUT CREEK, FL 0	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAFFE, JUDAH	
STREET ADDRESS	2803 VICTORIA WAY APT D-2	
CITY-ST-ZIP	COCONUT CREEK, FL 0 33066	
TITLE	P	<input type="checkbox"/> Delete
NAME	SPAIZER, IZOLD	
STREET ADDRESS	2803 H-1 VICTORIA WAY	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPHRAIM, JULIET	
STREET ADDRESS	2803 VICTORIA WAY G-4	
CITY-ST-ZIP	COCONUT CREEK FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/02

CR2E037 (9/01)