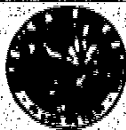


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744584 (4)

1. Corporation Name
**VICTORIA VILLAGE "H" CONDOMINIUM ASSOCIATION, IN
C.**

Principal Place of Business Mailing Address
1001 WYNMOOR CIRCLE COCONUT CREEK FL 33066
1310 AVENUE OF THE STARS COCONUT CREEK FL 33066
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/13/1978** 3a. Date of Last Report **03/18/1994**
4. FEI Number **59-1814324** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1310 Avenue of the Stars** 26
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 **Room 215** 27
City & State City & State
23 **Coconut Creek FL** 28
Zip Country Zip Country
24 **33066** 25 **USA** 29

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME FOX, ALLAN
STREET ADDRESS 2904 L3 VICTORIA PL
CITY-ST-ZIP COCONUT CREEK, FL 00000
TITLE TD
NAME GOLDBERG, ANNETTE
STREET ADDRESS 2904 K3 VICTORIA PL
CITY-ST-ZIP COCONUT CREEK, FL 00000
TITLE SD
NAME SMITH, JEANNE
STREET ADDRESS 2904 C2 VICTORIA PLACE
CITY-ST-ZIP COCONUT CREEK FL
TITLE VD
NAME STERN, JACK
STREET ADDRESS 2904 K4 VICTORIA PL
CITY-ST-ZIP COCONUT CREEK, FL 00000
TITLE D
NAME LABOVITZ, GEORGE
STREET ADDRESS 2904 J3 VICTORIA PLACE
CITY-ST-ZIP COCONUT CREEK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 110.07(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 attachment with an address.

SIGNATURE: Allan Fox *Alan M. Fox* 974-2904
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #