FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



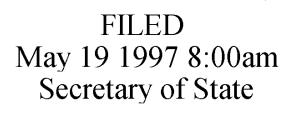
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name



C. Principal Place	e of Business								
1310 AVENUE (OF THE STARS	Mailing Address 1310 AVENUE OF THE COCONUT CREEK FL 3							
us		US			3. Date Incorporated or Qualified 10/13/1978	3a. C	Date of Last I 03/22/19		
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number 59-1814324			Applied For Not Applicable	
Suite, Apt. #, etc Suite, Apt. #, e			, etc.		5. Certificate of Status Desired		60 75 Augus		
City & State City & State					6. Election Campaign Financing		\$5.00 May Be		
3]	Country		Countr		Trust Fund Contribution			to Fees	
Zip 4	Country 25	29 21p	30	у	This corporation has liability for Florida Statutes	or intangibl Yes		s. 199.032,	
Ч	9. Name and Address of Curre		1		10. Name and Address of New I				
			8	Name					
RAVO, P	PAT T.		8	2 Street Add	ress (P.O. Box Number is Not Accept	table)			
	ENUE OF THE STARS							····	
	MOOR COMMUNITY COUNCIL,II	VC.	8:	3					
COCON	UT CREEK FL 33066		8	4 City	——————————————————————————————————————	FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 617.05	02 and 617 1508 Florida Ste	tutes the above	ve-named cor	poration submits this statement for the			its registered	
office or r	egistered agent, or both, in the State	of Florida. Such change wa	as authorized b	y the corpora	poration submits this statement for thation's board of directors. I hereby acc	cept the ap	pointment a	s registered	
	m tamılılar with, and accept the obliç	ations of, Section 617.0503,	Florida Statute	38 .					
SIGNATURE	Signature typed or printed name of registered ag	ent and title if applicable. (I	NOTE: Registered A	gent signatura requ	alred when reinstalling)	DATE			
2.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN			
ITLE	PD	☐ DELETE	1.1 TITLE	1			Change	Addition	
IAME	FOX, ALLAN		1.2 NAME	· \					
STREET ADDRESS	2904 L3 VICTORIA PL			ET ADDRESS					
ITY-ST-ZIP	COCONUT CREEK, FL 0000	J □ DELETE	1.4 CITY-				Change	Addition	
TIFLE	TD ANNETTE	[] DETER	21 TITLE				[_] Change	L Addition	
NAME	GOLDBERG, ANNETTE		2.2 NAME						
STREET ADDRESS	2904 K3 VICTORIA PL	^		ET ADDRESS					
CITY-ST-ZIP	COCONUT CREEK, FL 0000	DELETE	2.4 CITY			 -	Change	Addition	
DILE	SD Smith, Jeanne		3.2 NAME	ì			C Districte	hard Production	
NAME STREET ADDRESS	2904 C2 VICTORIA PLACE			ET ADDRESS					
	COCONUT CREEK FL								
CITY - ST - ZIP	VD	DELETE	3.4. CITY 4.1 TITLE				Change	Addition	
NAME	STERN, JACK	Section	4. 2 NAM				- Control of		
STREET ADDRESS	2904 K4 VICTORIA PL		1	ET ADDRESS					
CITY-S1-ZIP	COCONUT CREEK, FL 0000	n	4.4 CITY	1					
TILE	D	DELETE	5.1 TITLE			*****	Change	Addition	
NAME	LABOVITZ, GEORGE		5.2 NAMI	Ì					
STREET ADDRESS	2904 J3 VICTORIA PLACE		- 4	ET ADDRESS					
OITY-ST-ZIP	COCONUT CREEK FL		5,4 CITY	1					
TITLE		DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAMI						
STREET ADDRESS				ET ADDRESS					
DITY-ST-ZIP			6.4 CITY						
			= 0.7 (011)	14 1 " E-0					

14. 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.