

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **744585** (1)

1. Corporation Name

VICTORIA VILLAGE "J" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US

1310 AVENUE OF THE STARS
1001 WYNMOOR CIRCLE
COCONUT CREEK FL 33066
US

3. Date Incorporated or Qualified
10/13/1978

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 *1310 Avenue of the Stars*

4. FEI Number
59-1814348

Applied For
Not Applicable

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

Coconut Creek FL
33066 *U.S.A.*

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 officer 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 terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BECKER, BERNARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2905 VICTORIA PLACE K-3	1.2 NAME	
STREET ADDRESS	COCONUT CREEK, FL 0	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD KARLIN, FANNY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2905 VICTORIA PLACE K-1	2.2 NAME	
STREET ADDRESS	COCONUT CREEK, FL 0	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD MILLER, ALBERT	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2905 VICTORIA PLACE E-1	3.2 NAME	
STREET ADDRESS	COCONUT CREEK, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LEVY, RUTH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2905 VICTORIA PLACE F-4	4.2 NAME	
STREET ADDRESS	COCONUT CREEK, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD ROBERTS, LILLIAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2905 B2 VICTORIA PL	5.2 NAME	
STREET ADDRESS	COCONUT CREEK, FL 0	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

VP/D
A J Sedell
2905 Victoria Place, Apt. F-3
Coconut Creek, FL 33066

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 119.07(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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Becker
Bernard Becker

2/2/96

DATE

(404) 968-2527

DAYTIME PHONE #

CR2E037 (12/95)