

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744586** (9)

1. Corporation Name
VICTORIA VILLAGE "K" CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1001 WYNMOOR CIRCLE
COCONUT CREEK FL 33068** **1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US**

3. Date Incorporated or Qualified **10/13/1978** 3a. Date of Last Report **03/18/1994**
4. FEI Number **59-1836013** Applied For Not Applicable

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

5. Certificate of Status Desired \$0.75 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

9. Name and Address of Current Registered Agent
**RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33068**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RANDOLPH, MOSS
STREET ADDRESS	2805 H2 VICTORIA WAY
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	VPD
NAME	COHEN, SAMUEL
STREET ADDRESS	2805 B-1 VICTORIA WAY
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	D
NAME	NEWMAN, JULIUS
STREET ADDRESS	2805 D1 VICTORIA WAY
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	AD
NAME	KATZMAN, SOL
STREET ADDRESS	2805 F2 VICTORIA WAY
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	D
NAME	LEVIN, SAMUEL D
STREET ADDRESS	2805 C1 VICTORIA WAY
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	TD
NAME	KATZ, IDA
STREET ADDRESS	2805 E2 VICTORIA WAY
CITY-ST-ZIP	COCONUT CREEK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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 addition.

SIGNATURE: Moss Randolph - Moss Randolph Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR