

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744586 (9)**

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



Principal Place of Business <b>1310 AVENUE OF THE STARS</b> <b>COCONUT CREEK FL 33066</b> <b>US</b>	Mailing Address <b>1310 AVENUE OF THE STARS</b> <b>COCONUT CREEK FL 33066</b> <b>US</b>
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3. Date Incorporated or Qualified  
**10/13/1978**

4. FEI Number  
**59-1836013**

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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22. City & State	27. City & State
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23. Zip	28. Country	29. Zip	30. Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 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 33066**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, MOSS	1.2 NAME	
STREET ADDRESS	2805 H2 VICTORIA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, SAMUEL	2.2 NAME	
STREET ADDRESS	2805 B-1 VICTORIA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, JULIUS	3.2 NAME	
STREET ADDRESS	2805 D1 VICTORIA WAY	3.3 STREET ADDRESS	<i>7/D Miriam Kaplan</i>
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	<i>2805 Victoria Way, Apt. H-1</i>
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YESNER, TOBIA	4.2 NAME	
STREET ADDRESS	2805 VICTORIA WAY, APT B-2	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, IDA	5.2 NAME	
STREET ADDRESS	2805 E2 VICTORIA WAY	5.3 STREET ADDRESS	<i>Ellen Schwartz</i>
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	<i>2805 Victoria Way, Apt. G-1</i>
TITLE		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	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input 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 checked="" 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 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.

SIGNATURE: *Moss Randolph* *Moss Randolph* 2/27/98 (954) 978-2600

CR2E037 (10/97)