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FILED
Apr 23, 2002 8:00 am
Secretary of State

03-29-2002 90364 001 *2,695.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **744586**

1. Entity Name

VICTORIA VILLAGE "K" CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**1310 AVENUE OF THE STARS
COCONUT CREEK FL 33068
US**

**1310 AVENUE OF THE STARS
COCONUT CREEK FL 33068
US**

24936



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1836013

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAYO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33068**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P D	<input type="checkbox"/> Delete
NAME	LANDY, MARCIA	
STREET ADDRESS	2805 VICTORIA WAY, APT. C-1	
CITY-ST-ZIP	COCONUT CREEK FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, SAMUEL	
STREET ADDRESS	2805 B-1 VICTORIA WAY	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAPALN, MIRIAM	
STREET ADDRESS	2805 VICTORIA WAY APT H1	
CITY-ST-ZIP	COCONUT CREEK FL 33068	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	ORTIZ, ROSE	
STREET ADDRESS	2805 VICTORIA WAY APT D2	
CITY-ST-ZIP	COCONUT CREEK FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGEL, JOSEPH	
STREET ADDRESS	2805 VICTORIA WAY APT F2	
CITY-ST-ZIP	COCONUT CREEK FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, CELIA	
STREET ADDRESS	2805 VICTORIA WAY F-1	
CITY-ST-ZIP	COCONUT CREEK.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten Signature

1/18/02