

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744586

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** VICTORIA VILLAGE "K" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**New Principal Place of Business:**

**Current Mailing Address:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**New Mailing Address:**

FEI Number: 59-1836013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUCE BANDLER  
1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: LANDY, MARCIA  
Address: 2805 VICTORIA WAY, APT. C-1  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD  
Name: SCOPPETTONE, ROSE  
Address: 2805 VICTORIA PLACE, APT F-2  
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD  
Name: MORRA, MARIE  
Address: 2805 VICTORIA WAY, APT H-2  
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD  
Name: ORTIZ, ROSE  
Address: 2805 VICTORIA WAY APT D-2  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD  
Name: KAPLAN, MIRIAM  
Address: 2805 VICTORIA WAY APT H-1  
City-St-Zip: COCONUT CREEK, FL 33066

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROSE ORTIZ

P

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date