

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90083 007 \*\*\*\*70.00

**DOCUMENT # 748078**

1. Entity Name  
**THE VOICE OF WYNMOOR, INC.**



Principal Place of Business  
**2551 NW 15TH COURT  
PO BOX 93/4732  
MARGATE, FL 33093 US**

Mailing Address  
**P.O. BOX 93/4732  
MARGATE, FL 33093 US**



01312005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1937741**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KAUFMAN, SAMUEL  
1204 BAHAMA BEND - C-2  
COCONUT CREEK, FL 33066**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Samuel Kaufman*

(NOTE: Registered Agent signature required when reinstating)

*Feb 9 - 2005*

DATE

**Filing Fee is \$61.25 + \$8.75  
Due by May 1, 2005 \$70.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DCRE
NAME	GROSSMAN, SYLVIA
STREET ADDRESS	2502 ANTIQUA TRERRACE
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	S
NAME	PEARSON, ESTELLE <i>margaret Bergen</i>
STREET ADDRESS	2401 ANTIQUA CIRCLE C-1 <i>3401 BIRINI LANE G-3</i>
CITY-ST-ZIP	COCONUT CREEK, FL 33066 <i>COCONUT CREEK, FL 33066</i>
TITLE	DIR
NAME	HERRO, LYLA
STREET ADDRESS	1103 BAHAMA BEND B-1
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	P
NAME	KAUFMAN, SAMUEL
STREET ADDRESS	1204 BAHAMA BEND C-2
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Samuel Kaufman* **SAMUEL KAUFMAN**

Date

Daytime Phone #

*954-972-2146*