

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2005 8:00 am**  
**Secretary of State**

08-12-2005 90004 019 \*\*\*\*61.25

**DOCUMENT # N95000003578**

1. Entity Name  
DISTRICT VII COMMUNITY COUNCIL, INC.



Principal Place of Business  
7515 N.W. 88 AVE.  
TAMARAC, FL 33321

Mailing Address  
7515 N.W. 88 AVE.  
TAMARAC, FL 33321

**50061351**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
65-0600448

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

KOUTCHER, JAY  
7515 NW 88 AVE.  
TAMARAC, FL 33321

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

*8-10-2005*  
DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME DUGGER, KEVIN  
STREET ADDRESS 7515 N.W. 85TH AVE.  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME WOLFF, ROBERT  
STREET ADDRESS 8350 NW 73 STREET  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME KOUTCHER, JAY  
STREET ADDRESS 7515 NW 88 AVE.  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME ROTHMAN, CHARLES  
STREET ADDRESS 7626 NW 87 AVENUE  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME KOCH, FAYE  
STREET ADDRESS 7515 NW 88 AVE.  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ROBERTS, KAREN  
STREET ADDRESS 6608 NW 78 STREET  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Charles Rothman*

*Charles Rothman*

*Treasurer*

*8/10/05*

*954-722-2057*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #