

**NOT- FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90096 049 \*\*\*\*61.25

DOCUMENT # **N95000003578**

1. Entity Name

**DISTRICT VII COMMUNITY COUNCIL, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**7515 N.W. 88 AVENUE**

3. Mailing Address

**7515 NW 88 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMARAC, FL**

City & State

**TAMARAC, FL**

4. FEI Number

**105-0600448**

Applied For

Not Applicable

Zip

**33321**

Country

**U.S.**

Zip

**33321**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**JAY KOUTCHER**

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

**7515 NW 88 AVENUE**

City

**TAMARAC**

FL

Zip Code

**33321**

**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

*Jay Koutcher* Jay Koutcher, President

(NOTE: Registered Agent signature required when reinstating)

**4/11/06**

January 1 - May 1 Fee is \$150.00 61.25

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	JAY KOUTCHER	NAME	
STREET ADDRESS	7515 N.W. 88 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	V (EXEC)	TITLE	
NAME	KAREN ROBERTS	NAME	
STREET ADDRESS	7515 N.W. 88 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	HERB KROBEGG	NAME	
STREET ADDRESS	7515 NW 88 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	FAYE KROBEGG	NAME	
STREET ADDRESS	7515 NW 88 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	CHARLES ROTHMAN	NAME	
STREET ADDRESS	7515 NW 88 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	RICHARD PRESS	NAME	
STREET ADDRESS	7515 NW 88 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles Rothman*

CHARLES ROTHMAN, TREASURER

**4/12/06**

**954-722-2087**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #