

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003820

1. Corporation Name

THE DISTRICT VIII COMMUNITY COUNCIL, INC.

Principal Place of Business

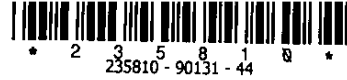
2525 ARVIDA PARKWAY
WESTON FL 33326

Mailing Address

2525 ARVIDA PARKWAY
WESTON FL 33326

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90131 044 ****61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/29/1998

4. FEI Number

65-0847256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PERKIN, M J
2525 ARVIDA PARKWAY
WESTON FL 33326

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	M.J. PERKIN	
STREET ADDRESS	708 HERITAGE DR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	JACK SHAW	
STREET ADDRESS	1123 Hickory Way	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	ALLAN BLOCK	
STREET ADDRESS	3058 LAKEWOOD DR	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	SUZAN CRANE	
STREET ADDRESS	2538 EAGLE RUN Circle	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	STEPHAN CRANE	
STREET ADDRESS	2538 EAGLE RUN Circle	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	BARRY GRIMSON	
STREET ADDRESS	1043 LAGUNA SPRINGS DR	
CITY-ST-ZIP	WESTON, FL 33326	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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
ALLAN BLOCK, Treas. 2/10/99 954-389-0442

Date

Daytime Phone #

CR2E037 (11/98)

Additional Director

Director

SANDY HALPERN
1095 Capistrano
Weston, FL 33326

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