

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003820

1. Entity Name

THE DISTRICT VIII COMMUNITY COUNCIL, INC.



Principal Place of Business

17300 ARVIDA PARKWAY
WESTON, FL 33326

Mailing Address

17300 ARVIDA PARKWAY
WESTON, FL 33326



04142004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0847256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERKIN, M J
C/O DISTRICT VIII COMMUNITY COUNCIL
17300 ARVIDA PARKWAY
WESTON, FL 33326

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERKIN, MJ
STREET ADDRESS	70R HERITAGE DR
CITY - ST - ZIP	WESTON, FL 33326
TITLE	TD
NAME	BLOCK, ALLAN
STREET ADDRESS	3058 LAKEWOOD DR
CITY - ST - ZIP	WESTON, FL 33332
TITLE	D
NAME	GRIMSON, BARRY
STREET ADDRESS	1043 LAGUNA SPRINGS DR
CITY - ST - ZIP	WESTON, FL 33327
TITLE	D
NAME	MAZOR, J.
STREET ADDRESS	1341 HARBOURSIDE DR.
CITY - ST - ZIP	WESTON, FL 33326
TITLE	D
NAME	ROSS, MANUEL
STREET ADDRESS	653 SAND CREEK CIRCLE
CITY - ST - ZIP	WESTON, FL 33327
TITLE	D
NAME	PORITZKY, SANDOR
STREET ADDRESS	2539 BAY POINTE DR.
CITY - ST - ZIP	WESTON, FL 33327

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071 2004-04-19 08:03:00 61.25

**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:

M.J. PERKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 954-389-2010
Date Daytime Phone #