

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 APR 26 AM 7:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762826 (6)

1. Corporation Name
ARUBA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

1001 WYNMOOR CIRCLE
COCONUT CREEK FL 33066

1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US

2. Principal Place of Business 2a. Mailing Address

21 1310 Avenue of the Stars 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 Coconut Creek, Florida 28

Zip Country Zip Country

24 33066 25 USA 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

04/12/1982 03/18/1994

4. FEI Number Applied For
59-2120647 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33068

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, MANNIE	1.2 NAME	Goldstein, Irving
STREET ADDRESS	3304 A-3 ARUBA WAY	1.3 STREET ADDRESS	3302 E-2 Aruba Way
CITY - ST - ZIP	COCONUT CREEK FL	1.4 CITY - ST - ZIP	Coconut Creek, Florida 33066
TITLE	VP	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, AL	2.2 NAME	Kampler, Joseph
STREET ADDRESS	3302 01 ARUBA WAY	2.3 STREET ADDRESS	3301 K-2 Aruba Way
CITY - ST - ZIP	COCONUT CREEK FL	2.4 CITY - ST - ZIP	Coconut Creek, Florida 33066
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSER, JEANNETTE	3.2 NAME	
STREET ADDRESS	3305 E-1 ARUBA WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORGOSH, ELLIOTT	4.2 NAME	
STREET ADDRESS	3308 G-3 ARUBA WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	4.4 CITY - ST - ZIP	
TITLE	VPD	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, JERRY	5.2 NAME	Deutch, Hildy
STREET ADDRESS	3301 E4 ARUBA WAY	5.3 STREET ADDRESS	3304 G-2 Aruba Way
CITY - ST - ZIP	COCONUT CREEK FL	5.4 CITY - ST - ZIP	Coconut Creek, Florida 33066
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISEL, JAY	6.2 NAME	
STREET ADDRESS	3303 01 ARUBA WAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE: Jay Meisel 979-6931

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #