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Apr 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762826 (6)
 1. Corporation Name
ARUBA VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US	Mailing Address 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US
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3. Date Incorporated or Qualified 04/12/1982	Applied For	Not Applicable
4. FEI Number 59-2120647		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business	22. Mailing Address
21 Suite, Apt. #, etc.	22 Suite, Apt. #, etc.
23 City & State	23 City & State
24 Zip	24 Country
25	25
26	26
27	27
28	28
29	29
30	30

9. Name and Address of Current Registered Agent

RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33066

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, IRVING	
STREET ADDRESS	3302 E-2 ARUBA WAY	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEDMAN, ARNOLD	
STREET ADDRESS	3301 AROBA WAY, APT O-2	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GILBARG, GERTRUDE	
STREET ADDRESS	3306 AROBA WAY, APT E-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FORGOSH, ELLIOTT	
STREET ADDRESS	3306 G-3 ARUBA WAY	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEUTSCH, HILDY	
STREET ADDRESS	3304 G-2 ARUBA WAY	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MEISEL, JAY	
STREET ADDRESS	3303 01 ARUBA WAY	
CITY-ST-ZIP	COCONUT CREEK FL	

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 checked="" type="checkbox"/> Addition
4.2 NAME	D Hy Robinson
4.3 STREET ADDRESS	3306 Aruba Way, Apt. G-4
4.4 CITY-ST-ZIP	Coconut Creek, FL 33066
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Jerry Kalinsky
5.3 STREET ADDRESS	3304 Aruba Wky, Apt. M-1
5.4 CITY-ST-ZIP	Coconut Creek, FL 33066
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.

SIGNATURE: Jay Meisel **3/5/98** **(954) 978-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)