

FILE NOW: FILING FEE IS \$61.25

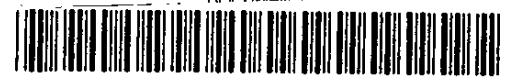
FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90038 001 *2,695.00

NONPROFIT CORPORATION ANNUAL REPORT -1998 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 762826 (6)
 1. Corporation Name
ARUBA VILLAGE CONDOMINIUM ASSOCIATION, INC.

574644 - 90038 - 5



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
---	---

3. Date Incorporated or Qualified
04/12/1982

4. FEI Number
59-2120647

Applied For	
Not Applicable	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 33066

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, IRVING	1.2 NAME	John Flax
STREET ADDRESS	3302 E-2 ARUBA WAY	1.3 STREET ADDRESS	3302 Aruba Way, Apt A-3
CITY - ST - ZIP	COCONUT CREEK FL	1.4 CITY - ST - ZIP	Coconut Creek, FL 33066
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, ARNOLD	2.2 NAME	
STREET ADDRESS	3301 AROBA WAY, APT O-2	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBARG, GERTRUDE	3.2 NAME	
STREET ADDRESS	3306 AROBA WAY, APT E-1	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	3.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORGOSH, ELLIOTT	4.2 NAME	Hy Robinson
STREET ADDRESS	3306 G-3 ARUBA WAY	4.3 STREET ADDRESS	3306 Aruba Way, Apt. G-4
CITY - ST - ZIP	COCONUT CREEK FL	4.4 CITY - ST - ZIP	Coconut Creek, FL 33066
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEUTSCH, HILDY	5.2 NAME	Robert Mayer
STREET ADDRESS	3304 G-2 ARUBA WAY	5.3 STREET ADDRESS	3304 Aruba Wly, Apt. L-4
CITY - ST - ZIP	COCONUT CREEK FL	5.4 CITY - ST - ZIP	Coconut Creek, FL 33066
TITLE	P <input type="checkbox"/> DELETE	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 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: *J. Meisel* **JAY MEISEL PRESIDENT 5/21/99 (954) 978-2600**