

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 762826**

1. Entity Name

**ARUBA VILLAGE CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90009 001 \*2,695.00

Principal Place of Business

Mailing Address

1310 AVENUE OF THE STARS  
 COCONUT CREEK FL 33066  
 US

1310 AVENUE OF THE STARS  
 COCONUT CREEK FL 33066-1485  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2120647**

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

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V**  Delete  
 NAME **GOLDSTEIN, IRVING**  
 STREET ADDRESS **3302 E-2 ARUBA WAY**  
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D**  Change  Addition  
 NAME **John Flax**  
 STREET ADDRESS **3302 Aruba Way, Apt A-3**  
 CITY-ST-ZIP **Coconut Creek, FL 33066**

TITLE **D**  Delete  
 NAME **FREEDMAN, ARNOLD**  
 STREET ADDRESS **3301 AROBA WAY, APT 0-2**  
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **GILBARG, GERTRUDE**  
 STREET ADDRESS **3306 AROBA WAY, APT E-1**  
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ROBINSON, HY**  
 STREET ADDRESS **3306 ARUBA WAY APT G4**  
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **V/D**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KALINSKY, JERRY**  
 STREET ADDRESS **3304 ARUBA WAY APT M1**  
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **D**  Change  Addition  
 NAME **Celia Obelsky**  
 STREET ADDRESS **3304 Aruba Way, Apt L-3**  
 CITY-ST-ZIP **Coconut Creek, FL 33066**

TITLE **P**  Delete  
 NAME **MEISEL, JAY**  
 STREET ADDRESS **3303 01 ARUBA WAY**  
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Meisel* **SIGNATURE REQUIRED Meisel**

**2/24/00**  
 Date

**(954) 978-2600**  
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)