

2001 UNIFORM BUSINESS REPORT (UBR)

03-26-2001 90157 001 *2,695.00

0000291

DOCUMENT # 762826

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2120647

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FLAX, JOHN	
STREET ADDRESS	3302 AROBA WAY APT A3	
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	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, HY	
STREET ADDRESS	3306 ARUBA WAY APT G4	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OBELSKY, CELIA	
STREET ADDRESS	3304 ARUBA WAY APT L3	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	P	<input type="checkbox"/> Delete
NAME	MEISEL, JAY	
STREET ADDRESS	3303 01 ARUBA WAY	
CITY-ST-ZIP	COCONUT CREEK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEUTSCH, HILDA
STREET ADDRESS	3304 ARUBA WAY, APT G-2
CITY-ST-ZIP	COCONUT CREEK - FL 33066
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature Required

1/18/01

954 979 6931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Class

Daytime Phone #

CR2E037 (10/00)

FILED
01 MAR 26 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE