

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

0077464

03-24-2003 91005 001 \*2,695.00

**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**

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLAX, JOHN</b>	
STREET ADDRESS	<b>3302 AROBA WAY APT A3</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FREEDMAN, ARNOLD</b>	
STREET ADDRESS	<b>3301 AROBA WAY, APT 0-2</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GILBARG, GERTRUDE</b>	
STREET ADDRESS	<b>3306 AROBA WAY, APT E-1</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, HY</b>	
STREET ADDRESS	<b>3306 ARUBA WAY APT G4</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEUTSCH, HILDY</b>	
STREET ADDRESS	<b>3304 ARUBA WAY APT G2</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MEISEL, JAY</b>	
STREET ADDRESS	<b>3303 01 ARUBA WAY</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	

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 type="checkbox"/> Addition
NAME	<b>RUBIN MARKOWITZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3304 ARUBA WAY APT. G-3</b>	
CITY-ST-ZIP	<b>COCONUT CREEK - FL 33066</b>	
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 an office like empowered.

SIGNATURE: JAY MEISEL 1/8/03 954-978-2600

CFR2E037 (10/02)