

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32248** (9)

1. Corporation Name
ABACO VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1310 AVENUE OF THE STARS, 1001 WYNMOOR CIRCLE, COCONUT CREEK FL 33066 US
Mailing Address: 1310 AVENUE OF THE STARS, COCONUT CREEK FL 33066 US

3. Date Incorporated or Qualified: **05/11/1989**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **65-0120080**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **1310 Avenue of the Stars**
22 Suite, Apt. #, etc.
23 City & State: **Coconut Creek, FL**
24 Zip: **33066** 25 Country: **U.S.A.**

9. Name and Address of Current Registered Agent: **RAVO, PAT T. 1310 AVENUE OF THE STARS 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

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: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINSKY, DAVE	1.2 NAME	
STREET ADDRESS	1601 L1 ABACO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, BERYL	2.2 NAME	
STREET ADDRESS	1602 ABACO DRIVE APT K-1	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, GERTRUDE	3.2 NAME	
STREET ADDRESS	1603 B3 ABACO DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARTOCK, THELMA	4.2 NAME	
STREET ADDRESS	1604 H2 ABACO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAINER, ALLEN	5.2 NAME	Eleria Fantl
STREET ADDRESS	1605 ABOCA DRIVE APT K4	5.3 STREET ADDRESS	1605 Abaco Drive, Apt. A 1
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRIN, HERB	6.2 NAME	
STREET ADDRESS	1603 F-2 ABACO DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gertrude Stein Gertrude Stein 1/26/96 305-974-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)