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

06-10-1999 90038 001 \*2,695.00

NONPROFIT CORPORATION ANNUAL REPORT



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

1998/1999

DOCUMENT # **N32248** (9)

1. Corporation Name  
**ABACO VILLAGE CONDOMINIUM ASSOCIATION, INC.**

5 74644-90038-44



Principal Place of Business Mailing Address  
 1310 AVENUE OF THE STARS  
 COCONUT CREEK FL 33066  
 US

3. Date Incorporated or Qualified  
**05/11/1989**

4. FEI Number Applied For  
**65-0120080** Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 25 Country 29 Zip 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

10. Name and Address of New Registered Agent

**RAVO, PAT T.**  
 1310 AVENUE OF THE STARS  
 COCONUT CREEK FL 33066

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIDAEN, IRGING</b>	1.2 NAME	<b>Widaen, Irving</b>
STREET ADDRESS	<b>1601 ABACO DR, APT J-3</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEIN, BERYL</b>	2.2 NAME	<b>Horwitz, Lilyan</b>
STREET ADDRESS	<b>1602 ABACO DRIVE APT K-1</b>	2.3 STREET ADDRESS	<b>1602 Abaco Drive, Apt. F-1</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	2.4 CITY-ST-ZIP	<b>Coconut Creek, FL 33066</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, GERTRUDE</b>	3.2 NAME	
STREET ADDRESS	<b>1603 B3 ABACO DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHARTOCK, THELMA</b>	4.2 NAME	<b>Muriel Kruger</b>
STREET ADDRESS	<b>1604 H2 ABACO DR</b>	4.3 STREET ADDRESS	<b>1604 Abaco Dr., Apt. C-2</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	4.4 CITY-ST-ZIP	<b>Coconut Creek, FL 33066</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FANTL, GLORIA</b>	5.2 NAME	
STREET ADDRESS	<b>1605 ABACO DRIVE APT. A-1</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ESTRIN, HERB</b>	6.2 NAME	<b>Helen Boyd</b>
STREET ADDRESS	<b>1603 F-2 ABACO DR</b>	6.3 STREET ADDRESS	<b>1604 Abaco Drive, Apt. C-4</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	6.4 CITY-ST-ZIP	<b>Coconut Creek, FL 33066</b>

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 *Gloria Fantl*