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Secretary of State

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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

65-0120080

Applied For
 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

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

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

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: *Gleava...*