

2001 UNIFORM BUSINESS REPORT (UBR)

03-26-2001 90157001 *2,695.00

001536

DOCUMENT # N32248

1. Entity Name

ABACO VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED

01 MAR 26 AM 10:01

**SECRETARY OF STATE
TALLAHASSEE-FLORIDA**

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0120080	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent RAVO, PAT T. 1310 AVENUE OF THE STARS COCONUT CREEK FL 33068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	NAME	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	DAVID PINSKY
STREET ADDRESS	WIDAEN, IRVING 1601 ABACO DR, APT J-3 COCONUT CREEK FL	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	1601 ABACO DRIVE, APT. L-1 COCONUT CREEK - FL 33066
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	IRVING WEPRIN
STREET ADDRESS	HORWITZ, LILYAN 1602 ABACO DR APT F1 COCONUT CREEK FL	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	1602 ABACO DRIVE, APT. F-3 COCONUT CREEK - FL 33066
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	MARVIN ROTH
STREET ADDRESS	STEIN, GERTRUDE 1603 B3 ABACO DR COCONUT CREEK FL	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	1603 ABACO DRIVE, APT C-4 COCONUT CREEK - FL 33066
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	KRUGER, MURIEL 1604 ABACO DR APT C2 COCONUT CREEK FL	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	FANTL, GLORIA 1605 ABACO DRIVE APT. A-1 COCONUT CREEK FL	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	NAME	VIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	ABLOVE, NORM 1606 ABACO DR APT D2 COCONUT CREEK FL 33066	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		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 OF GLORIA FANTL 1/23/01 (954) 978-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)