

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 24, 2004  
Secretary of State**

DOCUMENT# N32248

Entity Name: ABACO VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**New Principal Place of Business:**

**Current Mailing Address:**

1310 AVENUR OF THE STARS  
COCONUT CREEK, FL 33066 US

**New Mailing Address:**

FEI Number: 65-0120080      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COHEN, ZELNA  
Address: 1601 ABACO DR., APT L-1  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete  
Name: WEPRIN, IRVING  
Address: 1602 ABACO DR APT F3  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete  
Name: MAIT, JERRY  
Address: 1603 ABACO DR. APT. B-2  
City-St-Zip: COCONUT CREEK, FL 33066

Title: S ( ) Delete  
Name: KRUGER, MURIEL  
Address: 1604 ABACO DR APT C2  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VP ( ) Delete  
Name: BARNETT, JUDITH  
Address: 1605 ABACO DR APT A-2  
City-St-Zip: COCONUT CREEK, FL

Title: PD ( ) Delete  
Name: ABLOVE, NORM  
Address: 1606 ABACO DR APT D2  
City-St-Zip: COCONUT CREEK, FL 33066

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KRUPNICK, HARVEY  
Address: 1602 ABACO DR APT J-4  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D (X) Change ( ) Addition  
Name: CHASE, MORRIS  
Address: 1603 ABACO DR. APT. G-3  
City-St-Zip: COCONUT CREEK, FL 33066

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORM ABLOVE

PD

02/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date