

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 APR 26 AM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **746646** (9)  
1. Corporation Name  
**ANTIGUA VILLAGE I "A" CONDOMINIUM ASSOCIATION, I NC.**

Principal Place of Business Mailing Address  
**1001 WYNMORE CIR COCONUT CREEK FL 33066 US** **1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/05/1979** 3a. Date of Last Report **03/18/1994**  
4. FEI Number **59-1877214** Applied For Not Applicable  
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1310 Avenue of the Stars** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
27  
City & State City & State  
23 **Coconut Creek, Florida** 28  
Zip Country Zip Country  
24 **33066** 25 **USA** 29 30

9. Name and Address of Current Registered Agent  
**RAVO, PAT T.  
1310 AVENUE OF THE STARS  
1001 WYNMOOR CRCL.  
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (so if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>SCHULMAN, RUTH</b>
STREET ADDRESS	<b>2505 B1 ANTIGUA TERRACE</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>PD</b>
NAME	<b>JACOBSON, IRVING</b>
STREET ADDRESS	<b>2505 G4 ANTIGUA TERRACE</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>D</b>
NAME	<b>CHERNOFF, JERRY</b>
STREET ADDRESS	<b>2505 L1 ANTIGUA TERR</b>
CITY - ST - ZIP	<b>COCONUT CREEK, FL 00000</b>
TITLE	<b>V</b>
NAME	<b>COHEN, LOUIS</b>
STREET ADDRESS	<b>2505 LA ANTIGUA TERRACE</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>D</b>
NAME	<b>SCHWARTZMAN, FLORA</b>
STREET ADDRESS	<b>2505 J3 ANTIGUE TERRACE</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>T</b>
NAME	<b>HARRIS, MURIEL</b>
STREET ADDRESS	<b>2505 H-1 ANTIGUA TER</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Gampel, Stanley</b>
3.3 STREET ADDRESS	<b>2505 G-2 Antigua Terrace</b>
3.4 CITY - ST - ZIP	<b>Coconut Creek, Florida 33066</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Schwartzman, Flora</b>
5.3 STREET ADDRESS	<b>2505 J-3 Antigua Terrace</b>
5.4 CITY - ST - ZIP	<b>Coconut Creek, Florida 33066</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Geller, Bernard</b>
6.3 STREET ADDRESS	<b>2505 C-1 Antigua Terrace</b>
6.4 CITY - ST - ZIP	<b>Coconut Creek, Florida 33066</b>

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)(b), 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: Irving Jacobson *Irving Jacobson* 1/18/95 968-3988  
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR Date Daytime Phone #

746646

D  
Lipton, Florence  
2505 J-4 Antigua Terrace  
Coconut Creek, Florida 33066