FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 746646 (9)

1. Corporation Name

ANTIGUA VILLAGE I "A" CONDOMINIUM ASSOCIATION, INC.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
04/05/1979	04/26/1995

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country	29 Zip	30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 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: S ☐DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: SCHULMAN, RUTH	1.2 NAME	
STREET ADDRESS: 2505 B1 ANTIGUA TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP: COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE: PD ☐DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: JACOBSON, IRVING	2.2 NAME	
STREET ADDRESS: 2505 G4 ANTIGUA TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP: COCONUT CREEK FL	2.4 CITY-ST-ZIP	
TITLE: D ☐DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: GAMPEL, STANLEY	3.2 NAME	
STREET ADDRESS: 2505 G-2 ANTIGUA TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP: COCONUT CREEK FL	3.4 CITY-ST-ZIP	
TITLE: V ☐DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME: COHEN, LOUIS	4.2 NAME	
STREET ADDRESS: 2505 LA ANTIGUA TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP: COCONUT CREEK FL	4.4 CITY-ST-ZIP	
TITLE: T ☐DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME: SCHWARTZMAN, FLORA	5.2 NAME	
STREET ADDRESS: 2505 J-3 ANTIGUA TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP: COCONUT CREEK FL	5.4 CITY-ST-ZIP	
TITLE: D ☐DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME: GELLER, BERNARD	6.2 NAME	
STREET ADDRESS: 2505 C-1 ANTIGUA TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP: COCONUT CREEK FL	6.4 CITY-ST-ZIP	

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)(k), 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: _____   1/30/96   (954) 968-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (12/95)