

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0072034

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03-29-2002 90364 001 *2,695.00

1. Entity Name

**ANTIGUA VILLAGE I "A" CONDOMINIUM ASSOCIATION, I
 NC.**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1877214

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAVO, PAT T.
 1310 AVENUE OF THE STARS
 1001 WYNMOOR CRCL.
 COCONUT CREEK FL 33066**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	SCHULMAN, RUTH	
STREET ADDRESS	2505 B1 ANTIGUA TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACOBSON, IRVING	
STREET ADDRESS	2505 G4 ANTIGUA TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPECTOR, ALLEN	
STREET ADDRESS	2505 ANTIGUA TERR APT D4	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIPTON, FLORENCE	
STREET ADDRESS	2505 ANTIGUA TERR APT J4	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHERNOFF, JERRY	
STREET ADDRESS	2505 ANTIGUA TERR APT L1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GELLER, BERNARD	
STREET ADDRESS	2505 C-1 ANTIGUA TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOTEL, SOL	
STREET ADDRESS	2505 ANTIGUA TERRACE APT. A2	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKFIELD, MORRIS	
STREET ADDRESS	2505 ANTIGUA TERRACE APT. B-3	
CITY-ST-ZIP	COCONUT CREEK FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/5/02**

Daytime Phone #

CFR2E037 (9/01)