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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 746647 (7)
1. Corporation Name
ANTIGUA VILLAGE I "B" CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business Mailing Address
1310 AVENUE OF THE STARS 1310 AVENUE OF THE STARS
1001 WYNMOOR CIRCLE COCONUT CREEK FL 33066-1485
COCONUT CREEK FL 33066 US

3. Date Incorporated or Qualified 04/05/1979
3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-1877212 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 STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
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 | TD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAGEL, RUTH | 1.2 NAME | |
| STREET ADDRESS | 2504 C2 ANTIGUA TERRACE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | COCONUT CREEK FL | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DICKER, MAX | 2.2 NAME | |
| STREET ADDRESS | 2504 ANTIGUA TERRACE G1 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | COCONUT CREEK FL | 2.4 CITY - ST - ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, GARRY | 3.2 NAME | |
| STREET ADDRESS | 2504 ANTIGUA TERRACE G4 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | COCONUT CREEK FL | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SINGER, RUTH | 4.2 NAME | |
| STREET ADDRESS | 2504 A-2 ANTIGUA TER | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | COCONUT CREEK FL | 4.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZELEZNIK, LEE | 5.2 NAME | |
| STREET ADDRESS | 2504 N1 ANTIGUA TERRACE | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | COCONUT CREEK FL | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 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: GARRY B. DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026542
Garry Davis 1-14-97 954 978 2600

CR2E037 (9/96)