

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90009 001 \*2,695.00

**DOCUMENT # 746647**

1. Entity Name

**ANTIGUA VILLAGE I "B" CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

1310 AVENUE OF THE STARS  
 1001 WYNMOOR CIRCLE  
 COCONUT CREEK FL 33066  
 US

1310 AVENUE OF THE STARS  
 COCONUT CREEK FL 33066-1485  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1877212**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAVO, PAT T.**  
**1310 AVENUE OF STARS**  
**% WYNMOOR COMMUNITY COUNCIL, INC.**  
**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	TD	<input type="checkbox"/> Delete
NAME	KAGEL, RUTH	
STREET ADDRESS	2504 C2 ANTIGUA TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKER, MAX	
STREET ADDRESS	2504 ANTIGUA TERRACE G1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, GARRY	
STREET ADDRESS	2504 ANTIGUA TERRACE G4	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGER, RUTH	
STREET ADDRESS	2504 A-2 ANTIGUA TER	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZELEZNIK, LEE	
STREET ADDRESS	2504 N1 ANTIGUA TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irving Sternheim	
STREET ADDRESS	2504 Antigua Terrace, Apt H-2	
CITY-ST-ZIP	Coconut Creek FL 33066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doris Schatz	
STREET ADDRESS	2504 Antigua Terrace, Apt M-4	
CITY-ST-ZIP	Coconut Creek, FL 33066	
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: *Irving Sternheim* **IRVING STERNHEIM** 2/25/00 (954) 978-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)