

# 2001 UNIFORM BUSINESS REPORT (UBR)

03-26-2001 90157001\*2,695.00

0036203

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  
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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
NAME SD  
STREET ADDRESS KAGEL, RUTH  
CITY-ST-ZIP 2504 C2 ANTIGUA TERRACE  
COCONUT CREEK FL ☐ Delete

TITLE  
NAME D  
STREET ADDRESS DICKER, MAX  
CITY-ST-ZIP 2504 ANTIGUA TERRACE G1  
COCONUT CREEK FL ☐ Delete

TITLE  
NAME PD  
STREET ADDRESS STERNHEIM, IRVING  
CITY-ST-ZIP 2504 ANTIGUA TERR APT H2  
COCONUT CREEK FL 33066 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS SINGER, RUTH  
CITY-ST-ZIP 2504 A-2 ANTIGUA TER  
COCONUT CREEK FL ☒ Delete

TITLE  
NAME V  
STREET ADDRESS SCHATZ, DORIS  
CITY-ST-ZIP 2504 ANTIGUA TERR APT M4  
COCONUT CREEK FL 33066 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition

TITLE  
NAME S  
STREET ADDRESS DICKER SELMA  
CITY-ST-ZIP 2503 ANTIGUA TERRACE APT. G-1  
COCONUT CREEK FL 33066 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)