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NONPROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #

746648

(5)

ANTIGUA VILLAGE I "C" CONDOMINIUM ASSOCIATION, I

Principal Place of Business Mailing Address 1310 AVENUE OF THE STARS 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 COCONUT CREEK FL 33066 3a. Date of Last Report 3. Date Incorporated or Qualified 04/05/1979 04/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1877209 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zφ Country Żιο 8. This corporation has liability for intangible tax under s. 199.032, Yes ☐ No 24 25 29 30 Elorida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAVO, PAT T Street Address (P.O. Box Number is Not Acceptable) 82 1310 AVENUE OF THE STARS 83 % WYNMOOR COMMUNITY COUNCIL, INC. **COCONUT CREEK FL 33066** City Zip Code 85 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 of corporation of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typish or printed name of registered agent and title chapple above (NOTE: Registered Agent signature required when reinstaing) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TOLE DELETE 1.1111116 VP/b Change ☐ Addition NAME POLLAK, PEARL 1.2 NAME STREET ADDRESS 2503 M4 ANTIGUA TERRACE 1.3 STREET ADDRESS CITY - ST-ZIP COCONUT CREEK FL 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME PELNER, ABE 2.2 NAME STREET ADDRESS 2503 D2 ANTIGUA TERRACE 2.3 STREET ADDRESS COCONUT CREEK FL CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE TITLE 3 1 TI*LF Change ☐ Addition PD NAME MACKTA, JULIE 3.2 NAME STREET ADDRESS 2503 ANTIGUA TER C-4 3.3 STREET ADDRESS COCONUT CREEK FL C(1Y-S1-Z(P 3.4 C(TY-ST-Z)P DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition SD NAME GERAS, JANE 4 2 NAME 2503 B2 ANTIGUA TERRACE STHEEL ADDRESS 4.3 STHEET ADDRESS COCONUT CREEK FL CITY-S1-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.1 TITLE Change Addition VD. NAME ZATKOWSKY, MOE 5.2 NAME STREET ADDRESS 2503 A2 ANTIGUA TERR. 5.3 STREET ADDRESS COCONUT CREEK FL CITY-ST-ZIP 54 CHTY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addit on NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

6 4 CITY-S1-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:

Machta
Signature and typic or printed name of signing officer or director

1. 1

17/46 (454) 465

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