


FILE NOW: FILING FEE IS \$61.25

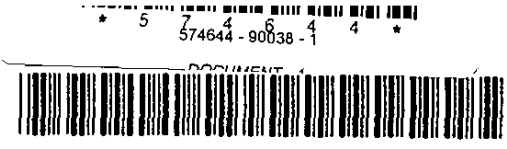
FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90038 001 *2,695.00

NONPROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746648 (5)

1. Corporation Name
ANTIGUA VILLAGE I "C" CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US	Mailing Address 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US
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3. Date Incorporated or Qualified
04/05/1979

4. FEI Number
59-1877209

Applied For
 Not Applicab

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

RAVO, PAT T
1310 AVENUE OF THE 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

85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	POLLAK, PEARL
STREET ADDRESS	2503 M4 ANTIGUA TERRACE
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PELNER, ABE
STREET ADDRESS	2503 D2 ANTIGUA TERRACE
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MACKTA, JULIA
STREET ADDRESS	2503 ANTIGUA TER C-4
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	URVANT, NORMA
STREET ADDRESS	2503 ANTIGUA TERRACE, APT B-4
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ZATKOWSKY, MOE
STREET ADDRESS	2503 A2 ANTIGUA TERR.
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Hilda Surkis
1.3 STREET ADDRESS	2503 Antigua Terrace, Apt. A-4
1.4 CITY - ST - ZIP	Coconut Creek, FL 33066
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP - D Jane Beras
5.3 STREET ADDRESS	2503 Antigua Terrace, Apt B-2
5.4 CITY - ST - ZIP	Coconut Creek, FL 33066
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T Tess Zatkowsky
6.3 STREET ADDRESS	2503 Antigua Terrace, Apt. A-2
6.4 CITY - ST - ZIP	Coconut Creek, FL 33066

14. 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 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 *Hilda Surkis, Julia Mackta* 5/18/99 (954) 478-2600