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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 # 746690 (7)  
1. Corporation Name  
ANTIGUA VILLAGE I "D" CONDOMINIUM ASSOCIATION, I NC.



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

3. Date Incorporated or Qualified 04/09/1979  
3a. Date of Last Report 03/22/1996  
4. FEI Number 59-1877206 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

2. Principal Place of Business 2a. 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

9. Name and Address of Current Registered Agent  
RAVO, PAT T.  
1310 AVENUE OF THE STARS  
% WYNMOOR COMMUNITY COUNCIL, INC.  
COCONUT CREEK FL 33068

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  
TITLE V BIEGELEISEN, ESTHER DELETED  
NAME BIEGELEISEN, ESTHER  
STREET ADDRESS 2502 M-1 ANTIGUA TER  
CITY-ST-ZIP COCONUT CREEK FL  
TITLE VPD KAPLAN, MARY DELETED  
NAME KAPLAN, MARY  
STREET ADDRESS 2502 ANTIGUA TERRACE APT A-4  
CITY-ST-ZIP COCONUT CREEK FL  
TITLE PD ROTHSCHILD, MARTIN DELETED  
NAME ROTHSCHILD, MARTIN  
STREET ADDRESS 2502 H2 ANTIGUA TERRACE  
CITY-ST-ZIP COCONUT CREEK FL  
TITLE TD STERMAN, EVELYNE DELETED  
NAME STERMAN, EVELYNE  
STREET ADDRESS 2502 H3 ANTIUGA TERR  
CITY-ST-ZIP COCONUT CREEK, FL 00000  
TITLE S DOBBS, ETHEL DELETED  
NAME DOBBS, ETHEL  
STREET ADDRESS 2502 L-4 ANTIGUA TERRACE  
CITY-ST-ZIP COCONUT CREEK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE VD Jack Schlossel Change Addition  
1.2 NAME Jack Schlossel  
1.3 STREET ADDRESS 2502 Antigua Terrace, Apt. H-4  
1.4 CITY-ST-ZIP Coconut Creek, FL 33066  
2.1 TITLE TAES Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE DS Herman Wineman Change Addition  
5.2 NAME Herman Wineman  
5.3 STREET ADDRESS 2502 Antigua Terrace, Apt. J-2  
5.4 CITY-ST-ZIP Coconut Creek, FL 33066  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: MARTIN ROTHSCHILD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)