

# 2001 UNIFORM BUSINESS REPORT (UBR)

03-26-2001 90157 001 \*2,695.00

0038315

**DOCUMENT # 746690**

1. Entity Name

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

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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1877206

Applied For

Not Applicable

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 THE 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 registering)

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	VD	<input type="checkbox"/> Delete
NAME	SCHLUSSEL, JACK	
STREET ADDRESS	2502 ANTIGUA TERRACE, APT H-4	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, MARY	
STREET ADDRESS	2502 ANTIGUA TERRACE APT A-4	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROTHSCHILD, MARTIN	
STREET ADDRESS	2502 H2 ANTIGUA TERRACE	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STERMAN, EVELYNE	
STREET ADDRESS	2502 H3 ANTIGUA TERR	
CITY - ST - ZIP	COCONUT CREEK, FL 00000	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WINEMAN, HERMAN	
STREET ADDRESS	2502 ANTIGUA TERRACE, APT J-1	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	AP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK SCHLUSSEL	
STREET ADDRESS	2502 ANTIGUA TERRACE, APT H-4	
CITY - ST - ZIP	COCONUT CREEK - FL 33066	
TITLE	VIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY KAPLAN	
STREET ADDRESS	2502 ANTIGUA TERRACE APT A-4	
CITY - ST - ZIP	COCONUT CREEK - FL 33066	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEGRIN BENJAMIN	
STREET ADDRESS	2502 ANTIGUA TERRACE, APT D-2	
CITY - ST - ZIP	COCONUT CREEK - FL 33066	
TITLE	VIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN WINEMAN	
STREET ADDRESS	2502 ANTIGUA TERRACE APT J-1	
CITY - ST - ZIP	COCONUT CREEK - FL 33066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Jack Schlusssel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
01 APR 13 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

*[Handwritten signature]*