

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0072062

**DOCUMENT # 746690**

1. Entity Name

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

03-29-2002 90364 001 \*2,695.00

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

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 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 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHLUSSEL, JACK</b>	
STREET ADDRESS	<b>2502 ANTIGUA TERRACE, APT H-4</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>KAPLAN, MARY</b>	
STREET ADDRESS	<b>2502 ANTIGUA TERRACE APT A-4</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BENJAMIN, NEGRIN</b>	
STREET ADDRESS	<b>2502 ANTIGUA TERR., APT. D-2</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>STERMAN, EVELYNE</b>	
STREET ADDRESS	<b>2502 H3 ANTIUGA TERR</b>	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 00000</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>WINEMAN, HERMAN</b>	
STREET ADDRESS	<b>2502 ANTIGUA TERRACE, APT J-1</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

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

1/29/02  
 Date

Daytime Phone #

CR2E037 (9/01)