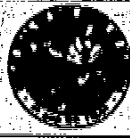


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra S. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 AM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 746691 (5)**

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

Principal Place of Business Mailing Address  
**1001 WYNMOOR CIRCLE  
COCONUT CREEK FL 33066** **1310 AVENUE OF THE STARS  
COCONUT CREEK FL 33066  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/09/1979** 3a. Date of Last Report **03/18/1994**  
4. FEI Number **59-1877207** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1310 Avenue of the Stars** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **Coconut Creek, Florida** 28  
Zip Country Zip Country  
24 **33066** 25 **USA** 29 30

9. Name and Address of Current Registered Agent  
**RAVO, PAT T.  
1310 AVENUE OF THE STARS  
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BRAININ, IRVING</b>
STREET ADDRESS	<b>2501 D-4 ANTIGUA TERR.</b>
CITY - ST - ZIP	<b>COCONUT CREEK, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>WOOGEN, MARTIN</b>
STREET ADDRESS	<b>2501 G4 ANTIGUA TERR.</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>TD</b>
NAME	<b>SNETIKER, SAM</b>
STREET ADDRESS	<b>2501 J-4 ANTIGUA TER</b>
CITY - ST - ZIP	<b>COCONUT CREEK, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>NEUHAUS, LILLIAN</b>
STREET ADDRESS	<b>2501 J3 ANTIGUA TERR</b>
CITY - ST - ZIP	<b>COCONUT CREEK, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>GOLDBERG, MARVIN</b>
STREET ADDRESS	<b>2501 C3 ANTIGUA TERR</b>
CITY - ST - ZIP	<b>COCONUT CREEK, FL 00000</b>
TITLE	<b>SD</b>
NAME	<b>KRULEWITZ, BENEDICT</b>
STREET ADDRESS	<b>2501 M4 ANTIGUA TERR.</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Irving Brainin** *Irving Brainin* 1-19-95 971-0004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr) Phone #