

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746691 (5)
1. Corporation Name
ANTIGUA VILLAGE I "E" 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

3. Date Incorporated or Qualified: 04/09/1979
3a. Date of Last Report: 04/26/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAVO, PAT T.
1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066

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 617.1506, 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not stated)

12. OFFICERS AND DIRECTORS

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

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 119.07(3)(k), 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: *[Signature]* 2/15/96 (454) 968-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)