

FILE NOW: FILING FEE IS \$61.25

FILED

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
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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 33066-1485 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1979		3a. Date of Last Report 03/22/1996	
21	22	23	24	25	26	27	28
4. FEI Number 59-1877207		5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Applied For <input type="checkbox"/> Not Applicable	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		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	85 Zip Code
			FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAININ, IRVING	1.2 NAME	
STREET ADDRESS	2501 D-4 ANTIGUA TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOGEN, MARTIN	2.2 NAME	
STREET ADDRESS	2501 G4 ANTIGUA TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNETIKER, SAM	3.2 NAME	Sam Chavenson
STREET ADDRESS	2501 J-4 ANTIGUA TER	3.3 STREET ADDRESS	2501 Antigua Terrace, Apt. M-2
CITY-ST-ZIP	COCONUT CREEK, FL 00000	3.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUHAUS, LILLIAN	4.2 NAME	
STREET ADDRESS	2501 J3 ANTIGUA TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, MARVIN	5.2 NAME	
STREET ADDRESS	2501 C3 ANTIGUA TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	5.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRULEWITZ, BENEDICT	6.2 NAME	Terry Newman
STREET ADDRESS	2501 M4 ANTIGUA TERR.	6.3 STREET ADDRESS	2501 Antigua Terrace, Apt. A-2
CITY-ST-ZIP	COCONUT CREEK FL	6.4 CITY-ST-ZIP	Coconut Creek, FL 33066

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: Irving Brainin Date: 2/24/97 (954) 978-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0025549

CR2E037 (9/96)