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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT
1998-1999



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 Mailing Address
1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified
04/09/1979

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

85 Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVENSON, SAM	3.2 NAME	
STREET ADDRESS	2501 ANTIQUA TERRACE, APT M-2	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK, FL 00000	3.4 CITY - ST - ZIP	
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	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, TERRY	6.2 NAME	
STREET ADDRESS	2501 ANTIQUA TERRACE, APT A-2	6.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	6.4 CITY - ST - ZIP	

14. 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 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 (changed, or on an attachment with an address.

SIGNATURE: *Pat T. Ravo* President 6/10/99 (404) 978-2600

