FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 26 AM 7:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749120** **(2)**

1. Corporation Name

ANTIGUA VILLAGE II CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1001 WYNMOOR CR COCONUT CREEK FL 33066-1453	1310 AVENUE OF THE STARS COCONUT CREEK FL 33066-1453 US

3. Date Incorporated or Qualified: 09/28/1979
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-1941222 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 1310 Avenue of the Stars
22 Suite, Apt. #, etc.
23 City & State: Coconut Creek, Florida
24 Zip: 33066
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAVO, PAT T
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
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
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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	KUSHNER, PAUL	1.2 NAME	
STREET ADDRESS	2402 D3 ANTIGUA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	POLISNER, SIDNEY	2.2 NAME	Kruh, Estelle
STREET ADDRESS	2405 B4 ANTIGUA CIRCLE	2.3 STREET ADDRESS	2405 L-3 Antigua Circle
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	Coconut Creek, Florida 33066
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	DEVOS, HERBERT	3.2 NAME	
STREET ADDRESS	2403 E1 ANTIGUA CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	FRISCH, JEAN	4.2 NAME	
STREET ADDRESS	2401 L4 ANTIGUA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	SCHWARTZBERG, JULIAN	5.2 NAME	Lemus, Joseph
STREET ADDRESS	2404 A1 ANTIGUA CIRCLE	5.3 STREET ADDRESS	2404 N-3 Antigua Circle
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	Coconut Creek, Florida 33066
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, LAWRENCE	6.2 NAME	
STREET ADDRESS	2401 K3 ANTIGUA CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	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)(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: Jean Frisch Jean Frisch 1/17/95 973-8226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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