

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90002 002 ****61.25

DOCUMENT # N39555

Corporation Name
 VILLAS DE ANTIGUA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 PO BOX 140785
 CORAL GABLES FL 33114-0785
 US

Mailing Address
 609 ALMERIA AVENUE #201
 CORAL GABLES FL 33134

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	08/14/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27 201	65-0216392
City & State	City & State	Applied For
	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
25		<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STEFAN, NASRY J
 547 ALNAMBRA CIR.
 CORAL GABLES FL 33134

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

1. 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)

2. OFFICERS AND DIRECTORS

FILE	PD	<input type="checkbox"/> DELETE
NAME	STEFAN, NASRY J	
REET ADDRESS	547 ALNAMBRA CIR.	
TY-ST-ZIP	CORAL GABLES FL	
FILE	TT	<input type="checkbox"/> DELETE
NAME	BERMUDEZ, MARIA	
REET ADDRESS	609 ALMERIA AVE.	
TY-ST-ZIP	CORAL GABLES FL	
FILE	ST	<input type="checkbox"/> DELETE
NAME	MOLINA, GILDA	
REET ADDRESS	4446 S.W. 9TH LANE	
TY-ST-ZIP	MIAMI FL	
FILE		<input type="checkbox"/> DELETE
NAME		
REET ADDRESS		
TY-ST-ZIP		
FILE		<input type="checkbox"/> DELETE
NAME		
REET ADDRESS		
TY-ST-ZIP		

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	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 7-6-99 Date Daytime Phone #

0003667

CR2E037 (5/99)