

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746648

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**4464314732CC**

**Entity Name:** ANTIGUA VILLAGE I "C" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**FEI Number:** 59-1877209

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRUCE BANDLER  
1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title TD  
Name KARMAN, MARY ANN  
Address 2503 ANTIGUA TERR., APT M-3  
City-State-Zip: COCONUT CREEK FL 33066

Title PD  
Name FAMY, ALAIN  
Address 2503 ANTIGUA TERRACE APT M-2  
City-State-Zip: COCONUT CREEK FL

Title SECRETARY  
Name LEVENSTEIN, LYDIA  
Address 2503 ANTIGUA TERRACE, APTC-1  
City-State-Zip: COCONUT CREEK FL

Title VP  
Name CAPELL, RALPH  
Address 2503 ANTIGUA TERRACE APT D-4  
City-State-Zip: COCONUT CREEK FL 33066

Title DIRECTOR  
Name STORMS, ROBERT  
Address 2503 ANTIGUA TERRACE APT J-4  
City-State-Zip: COCONUT CREEK FL 33066

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALAIN FAMY

**PRESIDENT**

**03/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date