

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746647

FILED
Apr 10, 2008
Secretary of State

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

Current Principal Place of Business:

1310 AVENUE OF THE STARS
1001 WYNMOOR CIRCLE
COCONUT CREEK, FL 33066 US

New Principal Place of Business:

Current Mailing Address:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

New Mailing Address:

FEI Number: 59-1877212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KAGEL, RUTH
Address: 2504 ANTIGUA TERRACE C-2
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD () Delete
Name: MACKLIS, LYNNE
Address: 2504 ANTIGUA TERRACE B-3
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD () Delete
Name: DAVIS, GARRY
Address: 2504 ANTIGUA TERR APT G-4
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: SHOSTACK, NATHAN
Address: 2504 ANTIGUA TERR APT A-3
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD () Delete
Name: SPRUNG, SONDR
Address: 2504 ANTIGUA TERR., APT. J-1
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EGELKO, BARBARA
Address: 2504 ANTIGUA TERR APT E-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNNE MACKLIS

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date