

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 720226 (0)  
1. Corporation Name  
**ANTIGUA APARTMENTS, ASSOCIATION, INC.**

Principal Place of Business: **70 Palm Realty**  
C/O LEHMAN MGMT. CO., INC.  
616 GUILD DRIVE  
VENICE FL 34285

Mailing Address:  
C/O LEHMAN MGMT. CO., INC.  
616 GUILD DRIVE  
VENICE FL 34285

2. Principal Place of Business	2a. Mailing Address
21 <b>Palm Realty</b>	26 <b>Palm Realty</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>101 CAPRI ISLES BLVD</b>	27 <b>101 CAPRI ISLES BLVD</b>
City & State	City & State
23 <b>Venice FL</b>	28 <b>Venice FL</b>
Zip	Country
24 <b>34285</b>	25 <b>Sarasota</b>
29 <b>34292</b>	30 <b>Sarasota</b>

APPROVED AND FILED  
05 MAY -1 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/09/1971</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1649210</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PALM REALTY**  
**DARLENE CROSS**  
**101 CAPRI ISLES BLVD.**  
**VENICE FL 34292**

10. Name and Address of New Registered Agent

B1 Name <b>DARLENE CROSS</b>
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City <b>FL</b>
B5 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: Darlene Cross, Property Mgr. **DARLENE CROSS** DATE: **4/17/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>Fern E-L</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>VD Mark Lauder</b>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>ISO Sec. - Tros.</b>
NAME	<b>SANDY HAUGHTON</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>D</b>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Pres Fern E.R.B. T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>419 Bayshore Rd.</b>
14 CITY - ST - ZIP	<b>Nokomis FL 34295</b>
21 TITLE	<b>VD MARK LAUDER D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>416 Guild Dr. #19</b>
24 CITY - ST - ZIP	<b>Venice FL 34285</b>
31 TITLE	<b>Sec-Tros</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>SANDY HAUGHTON, D</b>
33 STREET ADDRESS	<b>612 Guild Dr #22</b>
34 CITY - ST - ZIP	<b>Venice FL 34285</b>
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 member 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: Darlene Cross, Property Mgr. DATE: **4/17/95** **813 484-5670**

**DARLENE CROSS.**