

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 11, 2000 8:00 am
Secretary of State

03-22-2000 90050 036 ****61.25

DOCUMENT # 720226
 1. Entity Name
ANTIGUA APARTMENTS, ASSOCIATION, INC.

Principal Place of Business: **PALM REALTY, 101 CAPRI ISLES BLVD, VENICE FL 34292, US**
 Mailing Address: **PALM REALTY, 101 CAPRI ISLES BLVD, VENICE FL 34292-3053, US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **40 CPM1**
 Suite, Apt. #, etc.: **101 Capri Isles Blvd Suite 4**
 City & State: **Venice FL**
 Zip: **34292** Country: **USA**

3. Mailing Address: **40 CPM1**
 Suite, Apt. #, etc.: **101 Capri Isles Blvd Suite 4**
 City & State: **Venice, FL**
 Zip: **34292** Country: **USA**

4. FEI Number: **59-1649210** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:
PALM REALTY, DARLENE CROSS, 101 CAPRI ISLES BLVD., VENICE FL 34292

7. Name and Address of New Registered Agent:
 Name: **Green, Debbie**
 Street Address (P.O. Box Number is Not Acceptable): **40 CPM1**
101 Capri Isles Blvd, Suite 3
 City: **Venice** FL Zip Code: **34292**

8. 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: *[Signature]* **Debbie Green** DATE: **4/4/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERN, E R B		NAME	McShane, Patricia	
STREET ADDRESS	419 BAYSHORE RD		STREET ADDRESS	555 The Esplanade #1001	
CITY-ST-ZIP	NOKOMIS FL 34275		CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHHOLZ, JERRY		NAME		
STREET ADDRESS	117 CASTLE ST		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, RON		NAME	Jenkins, Marilyn	
STREET ADDRESS	616 GUID DR. # 1		STREET ADDRESS	181 Cocopnut Ave	
CITY-ST-ZIP	VENICE FL 34285		CITY-ST-ZIP	Englewood, FL 34223-2910	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Buchholz** DATE: **3/10/00** 941-412-0449
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)