

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90142 030 ****61.25

0069751

DOCUMENT # 720226

1. Entity Name

ANTIGUA APARTMENTS, ASSOCIATION, INC.



Principal Place of Business

**C/O CAPRI PROPERTY MGMT. INC.
810 B PINEBROOK ROAD
VENICE FL 34292
US**

Mailing Address

**C/O CAPRI PROPERTY MGMT. INC.
810 B PINEBROOK ROAD
VENICE FL 34292
US**

20028423



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1649210**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, DEBBIE
C/O CAPRI PROPERTY MGMT., INC.
101 CAPRI ISLES BLVD #4
VENICE FL 34292**

Name **Green, Debbie**
Street Address **C/O Capri Property Mgmt. Inc.
810B Pinebrook Rd.
Venice, FL 34292**
City _____ e _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Debbie Green

4/1/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete
NAME	CULVER, MARY JANE	
STREET ADDRESS	1704 AUBURN LAKES CIRCLE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCHHOLZ, JERRY	
STREET ADDRESS	117 CASTLE ST	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CUDDY, JIM	
STREET ADDRESS	602 ROBERTS BAY DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Jerry Buchholz* **Jerry Buchholz** for **4/1/03** **941-412-0449**

CR2E037 (10/02)