

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N43037

FILED
Apr 02, 2003
Secretary of State

Entity Name: ANTIGUA POINT ASSOCIATION, INC.

Current Principal Place of Business:

951 BROKEN SOUND PKWY
250
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

951 BROKEN SOUND PKWY
250
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0314590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY ASSOCIATION SERVICES, INC.
951 BROKEN SOUND PKWY
SUITE 250
BOCA RATON, FL 33487 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: PD () Delete
Name: FRIEDMAN, FRED L.
Address: 3944 REDONDO CT.
City-St-Zip: BOCA RATON, FL 33487

Title: VD () Delete
Name: SOLOMON, ALVIN
Address: 3952 REDONDO WAY
City-St-Zip: BOCA RATON, FL 33487

Title: TD () Delete
Name: KNAPP, ARTHUR
Address: 3945 REDONDO CT
City-St-Zip: BOCA RATON, FL 33487

Title: SD () Delete
Name: ELKINS, HUBERT
Address: 17286 ANTIQUA POINT WAY
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: WILDE, SHIRLEY
Address: 17287 ANTIQUA POINT WAY
City-St-Zip: BOCA RATON, FL 33487

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARTHUR KNAPP

TD

04/02/2003

Electronic Signature of Signing Officer or Director

Date