

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43037

Entity Name: ANTIGUA POINT ASSOCIATION, INC.

Current Principal Place of Business:

6111 BROKEN SOUND PARKWAY
SUITE 200
BOCA RATON, FL 33487

Current Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT
8135 LAKE WORTH RD., SUITE B
LAKE WORTH, FL 33467 US

FEI Number: 65-0314590

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SACHS SAX CAPLAN
6111 BROKEN SOUND PARKWAY
SUITE 200
BOCA RATON, FL 33487 US

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: SACHS

04/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SOLOMON, ALVIN
Address 8135 LAKE WORTH RD.,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title VP
Name O'CONNELL, JACK
Address 8135 LAKE WORTH RD.,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY
Name BIEBER, SHERRIE
Address 8135 LAKE WORTH RD.,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name FAGAN, NORMAN
Address 8135 LAKE WORTH RD.,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name KNAPP, PATRICIA
Address 8135 LAKE WORTH RD.,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name PELUSO, JOSEPH
Address 8135 LAKE WORTH RD.,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name FRANCE, JOSEPH
Address 8135 LAKE WORTH RD.,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

I hereby 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 all other like empowered.

SIGNATURE: ALVIN SOLOMON

PRESIDENT

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date