

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43037

**Entity Name:** ANTIGUA POINT ASSOCIATION, INC.

**FILED**  
**Apr 27, 2020**  
**Secretary of State**  
**7813305328CC**

**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:** LARRY SCHNER, ESQ

04/27/2020

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            MARQUEZ, ERIC  
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**

04/27/2020

Electronic Signature of Signing Officer/Director Detail

Date