

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718376

FILED
Apr 05, 2009
Secretary of State

Entity Name: PORT ANTIGUA PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

POB 1049
ISLAMORADA, FL 33036

New Principal Place of Business:

99411 OVERSEAS HIGHWAY
KEY LARGO, FL 33037

Current Mailing Address:

POB 1049
ISLAMORADA, FL 33036

New Mailing Address:

P O BOX 1049
ISLAMORADA, FL 33036

FEI Number: 51-0188528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROHE, LEE R
25000 OVERSEAS HWY
SUMMERLAND KEY, FL 33042 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: VTD () Delete
Name: KAUB, PAUL
Address: 129 BUENA VISTA CT.
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: CORAGGIO, LARRY
Address: 111 PLAZA DEL LAGO
City-St-Zip: ISLAMORADA, FL 33036

Title: SD () Delete
Name: KOST, JOHN
Address: 116 W PLAZA GRANADA
City-St-Zip: ISLAMORADA, FL 33036

Title: PD () Delete
Name: KUPPER, CHARLES
Address: 108 W PLAZA GRANADA
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: CODISPOTI, BERT
Address: 10254 SW 9TH TERR
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: FREEMAN, SOLVEG
Address: 75 PLAZA DEL SOL
City-St-Zip: ISLAMORADA, FL 33036

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAUL KAUB

VTD

04/05/2009

Electronic Signature of Signing Officer or Director

Date