

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 726129

1. Entity Name
PORT ANTIGUA TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 275
ISLAMORADA, FL 33036**

Mailing Address
**PO BOX 275
ISLAMORADA, FL 33036 US**



03052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1516578

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FORBES, JOHN
300-4 EL CAPITAIN DRIVE
ISLAMORADA, FL 33036**

**DO NOT WRITE
IN THIS SPACE**

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 *John Forbes* *John Forbes, President* *3/5/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **FORBES, JOHN**
STREET ADDRESS **300 EL CAPITAN DR A-4**
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE **D**
NAME **LARSON, JAMES**
STREET ADDRESS **300 EL CAPITAN DR, A-2**
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE **DT**
NAME **LINDQUIST, RAY**
STREET ADDRESS **27 MCCATHARN RD**
CITY-ST-ZIP **LEBANON, NJ 08833**

TITLE **D**
NAME **DEMICHIEL, GREG**
STREET ADDRESS **200 EL CAPITAN DR C-3**
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE **D**
NAME **SCHONFELD, KIAUS**
STREET ADDRESS **300 EL CAPITAN DR., A-6**
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000658589
03/15/07-80044-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John Forbes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07 *305-664-1037*
Date Daytime Phone #