

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726129

FILED
Mar 08, 2009
Secretary of State

Entity Name: PORT ANTIGUA TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 275
ISLAMORADA, FL 33036

New Principal Place of Business:

300-4 EL CAPITAN DR.
ISLAMORADA, FL 33036

Current Mailing Address:

PO BOX 275
ISLAMORADA, FL 33036 US

New Mailing Address:

FEI Number: 59-1516578 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FORBES, JOHN
300-4 EL CAPITAN DRIVE
ISLAMORADA, FL 33036 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: DP () Delete
Name: FORBES, JOHN
Address: 300 EL CAPITAN DR A-4
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: LARSON, JAMES
Address: 300 EL CAPITAN DR, A-2
City-St-Zip: ISLAMORADA, FL 33036

Title: DT () Delete
Name: LINDQUIST, RAY
Address: 27 MCCATHARN RD
City-St-Zip: LEBANON, NJ 08833

Title: D () Delete
Name: DEMICHIEL, GREG
Address: 200 EL CAPITAN DR C-3
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: SCHONFELD, KIAUS
Address: 300 ELCAPITAN DR., A-6
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: DT (X) Change () Addition
Name: LINDQUIST, RAY
Address: 27 MCCATHARN RD
City-St-Zip: LEBANON, NJ 08833

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

Title: D (X) Change () Addition
Name: SCHONFELD, KLAUS
Address: 300 ELCAPITAN DR., A-6
City-St-Zip: ISLAMORADA, FL 33036

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: JOHN FORBES

DP

03/08/2009

Electronic Signature of Signing Officer or Director

Date