

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726129

FILED  
Jan 03, 2011  
Secretary of State

**Entity Name:** PORT ANTIGUA TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

300-4 EL CAPITAN DR.  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**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:**

WHITE, BETTY  
300-5 EL CAPITAIN 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  
Name: FORBES, JOHN  
Address: 300-4 EL CAPITAN DR  
City-St-Zip: ISLAMORADA, FL 33036

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

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

Title: D  
Name: DEMICHIEL, GREG  
Address: 100-3 EL CAPITAN DR  
City-St-Zip: ISLAMORADA, FL 33036

Title: D  
Name: SCHONFELD, KLAUS  
Address: 300-6 EL CAPITAN DR.  
City-St-Zip: ISLAMORADA, FL 33036

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: JOHN FORBES

PRES

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date