2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# N00000006558

Entity Name: ANTIGUA CONDOMINIUMS, INC.

Current Principal Place of Business:

4757 S. ATLANTIC AVE
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4757 S. ATLANTIC AVE.
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 59-3674573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BILACH, MICHELLE
4757 S ATLANTIC AVE UNIT 603
PONCE INLET,, FL 32127 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: P ( ) Delete
Name: BILACH, MICHELLE
Address: 4757 S ATLANTIC AVE UNIT 603
City-St-Zip: PONCE INLET, FL 32127

Title: VP ( ) Delete
Name: GOODLETT, JAMES
Address: 202 DAHLIA DR
City-St-Zip: ANDALUSIA, AL 36420

Title: S ( ) Delete
Name: KULP, GLORIA D
Address: 429 WILD OAK CIR
City-St-Zip: LONGWOOD, FL 32779

Title: T ( ) Delete
Name: WILL, JAMES
Address: 4757 S ATLANTIC AVE 601
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: STURGEON, JUDY
Address: 4757 S ATLANTIC AVE 503
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: GOODLETT, JAMES
Address: 202 DAHLIA DR
City-St-Zip: ANDALUSIA, AL 36420

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

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

Title: VP (X) Change ( ) Addition
Name: STURGEON, CRAIG
Address: 4757 S ATLANTIC AVE 503
City-St-Zip: PORT ORANGE, FL 32127

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: MICHELLE BILACH P 03/25/2008

Electronic Signature of Signing Officer or Director — Date