2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006558

FILED Jaņ 25, 2<u>01</u>1 Secretary of State

Entity Name: ANTIGUA CONDOMINIUMS, INC.

Current Principal Place of Business: New Principal Place of Business:

4757 S. ATLANTIC AVE 4757 S. ATLANTIC AVE

OFFICE ANTIGUA CONDO ASSOCIATION PONCE INLET, FL 32127

PONCE INLET, FL 32127

New Mailing Address: Current Mailing Address:

4757 S. ATLANTIC AVE. 4757 S. ATLANTIC AVE

ANTIGUA CONDO ASSOCIATION **OFFICE** PONCE INLET, FL 32127

PONCE INLET, FL 32127

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BILL, WEHNER 4757 S ATLANTIC AVE UNIT 504 PONCE INLET,, FL 32127

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:

BILL, WEHNER Name:

Address: 4757 S ATLANTIC AVE UNIT 504 City-St-Zip: PONCE INLET, FL 32127

Title:

Name: LINDA, SHANNON

Address: 4757 S ATLANTIC AVE UNIT 604 City-St-Zip: PONCE INLET, FL 32127

Title:

CATHERINE, BRAVO Name:

4757 S ATLANTIC AVE UNIT 704 Address: City-St-Zip: PONCE INLET, FL 32127

Title:

Name: CHUCK, KULP

4757 S ATLANTIC AVE 304 Address: City-St-Zip: PONCE INLET, FL 32127

Title:

JIM, WILL Name:

4757 S ATLANTIC AVE 601 Address: City-St-Zip: PONCE INLET, FL 32127

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: VICKI JANK CAM 01/25/2011