

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43037** (3)

1. Corporation Name

ANTIGUA POINT ASSOCIATION, INC.

800001839918
-05/25/96--01003--033
***61.25



Principal Place of Business Mailing Address
951 BROKEN SOUND PKWY 951 BROKEN SOUND PKWY
250 250
BOCA RATON FL 33487 BOCA RATON FL 33487
US US

3. Date Incorporated or Qualified **04/15/1991** 3a. Date of Last Report **02/16/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 29 Zip 30 Country

4. FEI Number **65-0314590** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARBONE, RAYMOND
951 BROKEN SOUND PKWY
SUITE 250
BOCA RATON FL 33487

81 Name **Community Association Services, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **951 BROKEN SOUND PKWY, STE 250**
83
84 City **BOCA RATON** FL 85 Zip Code **33487**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

Joe Messinger 4/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, FRED L.	
STREET ADDRESS	3944 REDONDO CT.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	REHORST, DON	
STREET ADDRESS	17340 ANTIGUA PT WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SOLOMON, ALVIN	
STREET ADDRESS	3952 REDONDO WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KNAPP, ARTHUR	
STREET ADDRESS	3945 REDONDO CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARNOLD KRAUSE	
1.3 STREET ADDRESS	3946 Redondo Way	
1.4 CITY-ST-ZIP	BOCA RATON, FL	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jim McCONNELL	
2.3 STREET ADDRESS	17370 Antigua Point Way	
2.4 CITY-ST-ZIP	BOCA RATON, FL	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alvin Solomon	
3.3 STREET ADDRESS	3952 Redondo Way	
3.4 CITY-ST-ZIP	BOCA RATON, FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ARTHUR KNAPP	
4.3 STREET ADDRESS	3945 Redondo Way	
4.4 CITY-ST-ZIP	BOCA RATON, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *Arnold Krause*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 (407) 994-1788
Date Daytime Phone #

CR2E037 (12/95)