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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N43037 (3)

1. Corporation Name
ANTIGUA POINT ASSOCIATION, INC.



Principal Place of Business: 951 BROKEN SOUND PKWY, 250 BOCA RATON FL 33487, US
Mailing Address: 951 BROKEN SOUND PKWY, 250 BOCA RATON FL 33487-3513, US

3. Date Incorporated or Qualified: 04/15/1991
3a. Date of Last Report: 05/24/1996

2. Principal Place of Business (21) 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

City & State (23) City & State (28)

Zip (24) Country (25) Zip (29) Country (30)

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

COMMUNITY ASSOCIATION SERVICES, INC.
951 BROKEN SOUND PKWY
SUITE 250
BOCA RATON FL 33487

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: FRIEDMAN, FRED L.
STREET ADDRESS: 3944 REDONDO CT.
CITY-ST-ZIP: BOCA RATON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: VD
NAME: MCCONNELL, JIM
STREET ADDRESS: 17370 ANTIGUA PT WAY
CITY-ST-ZIP: BOCA RATON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: VD
NAME: SOLOMON, ALVIN
STREET ADDRESS: 3952 REDONDO WAY
CITY-ST-ZIP: BOCA RATON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: TD
NAME: KNAPP, ARTHUR
STREET ADDRESS: 3945 REDONDO CT
CITY-ST-ZIP: BOCA RATON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: SD
NAME: KRAUSSE, ARNOLD
STREET ADDRESS: 3946 REDONDO WAY
CITY-ST-ZIP: BOCA RATON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)