## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

NONPROFIT \*\*CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # N43037

Principal Place of Business

ANTIGUA POINT ASSOCIATION, INC.

951 BROKEN S 250 BOCA RATON US		951 BROKEN SOUND PKWY 250 BOCA RATON FL 33487 US						
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualit	ed	<u> </u>	
21		26	_		04/15/1991			
-Suite, Apt.:	#, etc	Suite, Apt. #, etc		~ ~ <del></del>	4-FEI Number		<del></del>	lied For
22		27			65-0314590			Applicable
City & State	е	City & State			5. Certificate of Status Desired	<b>.</b> .	\$8.75 A	
23		28					Fee Rec	
Zip	Country	Zip Cou		у	6. Election Campaign Financing		\$5.00	
24	25	29 3	0		Trust Fund Contribution  10. Name and Address of Ne	w Pagistared	Added to	rees
	9. Name and Address of Current	Registered Agent	8	Name	10. Name and Address of Ne	M Vediareien	- Naur	
			Ľ					
COMMUNITY ASSOCIATION SERVICES, INC.			8:	Street Add	dress (P.O. Box Number is Not Acc	eptable)	•	
951 BROKEN SOUND PKWY			8:		<del></del>	<del></del>		
SUITE 250	language and a special control of			1				<u></u>
	TON FL 33487		84	1		FL	85 Zip C	
11. Pursuant	to the provisions of Section 617.0502	and 617.1508, Florida Statutes	, the abo	re-named cor	rporation submits this statement for	the purpose o	f changing its	egistered
office or re agent. I a	to the provisions of Section 617.0502 egistered agent for both, if the State of m ramiliar with, and accept the obligation	f Florida. Such change was autl outs of, Section 617.0503, Florid	norized by ia Statute	y the corporat s.	tion's board of directors. I hereby a	cept the appo ת/ / ע	ointment as reg	Istered
SIGNATURE	(h cfx/h cx				·	4/1/9	19	
	Signature, typed exprinted harne of registered agent OFFICERS AND		egistered Age	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
12. ~ . ΠΙΕ	PD OFFICERS AND	DELETE	1.1 TITLE				Change	Addition
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NAME .			■ 17 NAME					I .
		•	1.2 NAME	- (	•			
STREET ADDRESS	3944 REDONDO.CT.		1.3 STRE	TADORESS			•	
CITY-ST-ZIP	3944 REDONDO CT. BOCA RATON FL	□ DELETE	1.3 STREI 1.4 CITY-	ET ADDRESS ST-ZIP		· · · · · ·	Change	Addition
CITY-ST-ZIP TITLE	3944 REDONDO CT. BOCA RATON FL VD	☐ DELETE	1.3 STREI 1.4 CITY- 2.1 TITLE	ST-ZIP		<u> </u>	Change	Addition
CITY-ST-ZIP TITLE NAME	3944 REDONDO CT. BOCA RATON FL VD MCCONNELL, JIM	☐ DELETE	1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADORESS ST-ZIP			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3944 REDONDO CT. BOCA RATON FL  VD MCCONNELL, JIM  17370 ANTIGUA PT-WAY	☐ DELETE	1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI	ET ADDRESS		TOU Management	Change	Addition
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14. I 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attachro with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

READ FILEDMAN

**FILED** 

05-01-1999 90017 025 \*\*\*\*61.25

May 01, 1999 8:00 amg Secretary of State