


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90188 039 ****61.25

DOCUMENT # N43037 1. Entity 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 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0314590	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COMMUNITY ASSOCIATION SERVICES, INC. 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON, FL 33487				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, ALVIN <input checked="" type="checkbox"/> Delete 3952 REDONDO WAY BOCA RATON, FL 33487			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNAPP, ARTHUR <input type="checkbox"/> Delete 3945 REDONDO CT BOCA RATON, FL 33487			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELKINS, HUBERT <input type="checkbox"/> Delete 17286 ANTIQUA POINT WAY BOCA RATON, FL 33487			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUBERT ELKINS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17286 ANTIQUA WAY Boca Raton FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILDE, SHIRLEY <input type="checkbox"/> Delete 17287 ANTIQUA POINT WAY BOCA RATON, FL 33487			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Joseph France <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17352 Antigua Boca Raton FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERONICA TEHAN <input type="checkbox"/> Change <input type="checkbox"/> Addition 17400 ANTIQUA POINT WAY BOCA RATON FL 33487
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Arthur Knapp</u> ARTHUR KNAPP <u>04/26/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					