

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N43037

FILED  
Dec 07, 2009  
Secretary of State

Entity Name: ANTIGUA POINT ASSOCIATION, INC.

## Current Principal Place of Business:

C.A.S. REALTY MANAGEMENT, LLC  
STE. 480  
BOYNTON BEACH, FL 33426 US

## Current Mailing Address:

C.A.S. REALTY MANAGEMENT, LLC  
STE. 480  
BOYNTON BEACH, FL 33426 US

## New Principal Place of Business:

1901 S CONGRESS AVE  
STE. 480  
BOYNTON BEACH, FL 33426 US

## New Mailing Address:

1901 S CONGRESS AVE  
STE. 480  
BOYNTON BEACH, FL 33426 US

FEI Number: 65-0314590      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

CAS REALTY MANAGEMENT, LLC  
1901 S. CONGRESS AVE.  
STE. 480  
BOYNTON BEACH, FL 33426 US

## Name and Address of New Registered Agent:

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: PATRICK GARCIA

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TDS ( ) Delete  
Name: KNAPP, ARTHUR  
Address: 3945 REDONDO CT  
City-St-Zip: BOCA RATON, FL 33487

Title: P ( ) Delete  
Name: ELKINS, HUBERT  
Address: 17286 ANTIGUA WAY  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: FRANCE, JOSEPH  
Address: 17352 ANTIGUA POINT WAY  
City-St-Zip: BOCA RATON, FL 33487

Title: VD ( ) Delete  
Name: FAGAN, NORM  
Address: 17316 ANTIGUA POINT WAY  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: BIEBER, SHERRIE  
Address: 17268 ANTIGUA POINT WAY  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: SOLOMON, ALVIN  
Address: 3952 REDONDO WAY  
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALVIN SOLOMON

P

12/07/2009

Electronic Signature of Signing Officer or Director

Date