

N43037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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S. YOUNG

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17 JUN -5 PM 7:42  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2017

JUN 16 2017

MEREDITH RUBIN  
ASSOCIATED PROPERTY MANAGEMENT OF THE PB  
8135 LAKE WORTH ROAD STE B  
LAKE WORTH, FL 33467

SUBJECT: ANTIGUA POINT ASSOCIATION, INC.  
Ref. Number: N43037

We have received your document for ANTIGUA POINT ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 917A00011613

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2017 JUL 10 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

JUN 16 2017

TO: Amendment Section  
Division of Corporations

SUBJECT: Antigua Point Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N43037

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meredith Rubin  
Name of Contact Person

Associated Property Management of The Palm Beaches.  
Firm/Company

8135 Lake Worth Rd, Suite B  
Address

Lake Worth, FL 33467  
City/State and Zip Code

mrubin@apm247.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meredith Rubin at ( 561 ) 398-1733  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Antigua Point Association, Inc.  
2. The principal office address: 8135 Lake Worth Rd, Suite B  
Lake Worth, FL 33467  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/15/1991 Document number: N43037  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Larry E. Schner  
370 Camino Gardens Blvd, #204  
Boca Raton, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Larry E. Schner  
6111 Broken Sound Pkwy, Suite 200  
P.O. Box NOT acceptable  
Boca Raton, FL 33487

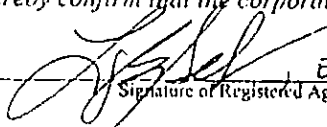
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 ESQ.  
Signature of Registered Agent

July 3, 2017  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)