FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

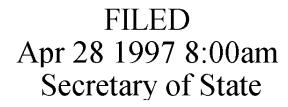
DOCUMENT # N43589

(3)

PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, I

Principal Place of Business

Mailing Address





Principal Place of Business				Mailing Address					į.						
3141 VISTA DEL MAR				2001 W. SAMPLE RD.											
MARGATE FL 33063			SUITE 305												
US			P	POMPANO BEACH FL 33064-1342					-	Data Innorpore	tod or Ouglitic	d lan Do	to of I	not De	nort 1
									3. Date incorporated or Qualified 3a. Date of Last Report 05/23/1991 06/10/1996						
2. Principal Place of Business				2a. Mailing Address					4.	FEI Number			\exists	Ap	plied For
21				26					65-0404362				Γ	No	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						0	seekiin Deelaad		\$8	.75 A	dditional
22				27					b.	Certificate of S	tatus Desireo	اسا	F	ee Re	dnired
City & State				City & State					6.	Election Camp	aign Financing		\$5	5.00	May Be
23			28	28						Trust Fund Cor	ntribution				o Fees
Zip	Country			Zip Cou			ntry		8.	This corporation	n has liability		tax un	ider s.	199.032,
24		25				30			Florida Statutes 🗹 Yes 🗌 No						
	g, Name	and Address of Current	Regi	istered Agent					10.	Name and Ad	dress of New	Registered A	lgent		
j						81		Name							
TORN, HOWARD							1	Street Ad-	ddress (P	O. Box Numbe	er is Not Accer	otable)			
2001 W. SAMPLE RD.															
SUITE 305							1								
POMPANO BEACH FL 33064						84 City							85	Zip (Code
						07	ľ	City				FL	65	zip (7006
11. Pursuant t	to the provis	ions of Sections 617,0502	and	617.1508, Florida Sta	tutes, th	e abov	e-r	named co	corporation	n submits this s	tatement for th	e purpose of	chang	ging its	s registered
office or re	egistered ag m familiar wi	jent, or both, in the State of th, and accept the obligat	ir Flor ions (rida. Such change wa of, Section 617.0503.	as autno . Florida	rized by Statute:	y II S.	ne corpor	oration's b	poard of directo	rs. I nereby ac	cept the app	omme	ent as	registered
SIGNATURE															
SIGNATURE _	Signature, typed	or printed name of registered agen	and lit	tle if applicable (F	NOTE Regi	siered Age	eni	per erutangia	required when	reinstating)		DATE			
12.		OFFICERS AND	DIRE			13.				ADDITIONS/CH	ANGES TO OF	FICERS AND			
TITLE	D			DELETE	•	1.1 TITLE			D				X CH	ange	Addition
NAME	SMITH,				1	1.2 NAME		1	Pete	r Hawley	•				
STREET ADDRESS	2001 W.	305)5 1.3 S						NW 62 A						
CITY-ST-ZIP	POMPA	NO BEACH FL 33064				1.4 CITY - S	ST.	ZIP	Marg	ate, FL	33063				
TITLE	D			DELETE		21 TITLE		ļ					LLI Ct	nange	Addition
NAME		r, Charles				2.2 NAME		1							
STREET ADDRESS				05 2			2.3 STREET ADDRESS								
CITY-ST-ZIP	POMPA	NO BEACH FL 33064				2.4 CITY-	ST-	- 7 P							
TITLE	D			DELETE		3.1 TITLE			D				∑ X CH	nange	Addition
NAME		łoward				3.2 NAME				en Gardn					
STREET ADDRESS 2001 W. SAMPLE RD., SUITE 3				05 338						NW 62 A	ve				
CITY-ST-ZIP	POMPAI	NO BEACH FL 33064				3.4. CITY-	ST-	- Z IP	Marg	ate, FL	33063				
TITLE				☐ DELETE		4.1 TITLE							Cr	nange	Addition
NAME						4. 2 NAME									ļ
STREET ADDRESS						4.3 STREET	I AE	DDRESS							i
CITY-ST-ZIP						4.4 CITY-S	ST-	· ZIP							
TITLE				☐ DELETE		5.1 TITLE	_						Cr	nange	Addition
NAME] ,	5.2 NAME									
STREET ADDRESS],	5.3 STREET	T A	DORESS							
CITY-ST-ZIP]	5.4 CITY- 9	ST -	ZIP							
TITLE				☐ DELETE		6.1 TITLE					, , , , , , , , , , , , , , , , , , , ,		CI	nange	Addition
NAME	,				. .	6.2 NAME									1
STREET ADDRESS					.	6.3 STREET	T AI	DORESS							
CITY-ST-ZIP						6.4 CITY - S									1
	ov certify the	t the information supplied	with:	this filing does not a					atert in Se	clion 119 07/3)	(i) Florida Stat	tutes I further	certif	v that	the .

I do nereby 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 suppliance and 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, of on a larachment with an address.

1 () Walded Torn

4/21/07

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CR2E037 (9/96)