


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90050 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43589					
1. Corporation Name PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC.					
Principal Place of Business 6738 BUENA VISTA DR. MARGATE FL 33063-8308 US			Mailing Address P.O. BOX 8304 CORAL SPRINGS FL 33075-8304		



2. Principal Place of Business 21 ALLIANCE PROPERTY SYSTEMS 7101 W COMMERCIAL BLVD 4-A FORT LAUDERDALE FL 33319		2a. Mailing Address 26 ALLIANCE PROPERTY SYSTEMS PO BOX 26478 FORT LAUDERDALE FL 33320-6478		3. Date Incorporated or Qualified 05/23/1991	
				4. FEI Number 65-0404362	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent HOWLEY, PETER 6738 BUENA VISTA DRIVE MARGATE FL 33063-8308				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWLEY, PETER			1.2 NAME			
STREET ADDRESS	6738 BUENA VISTA DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MISHNER, CHARLES			2.2 NAME	JOHN WALSH JR		
STREET ADDRESS	2001 W. SAMPLE RD., SUITE 305			2.3 STREET ADDRESS	6678 SALTAIRE TERR		
CITY-ST-ZIP	POMPANO BEACH FL 33064			2.4 CITY-ST-ZIP	MARGATE FL 33063		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARDNER, STEVEN			3.2 NAME	STEPHEN GARDNER		
STREET ADDRESS	6631 SALTAIRE TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter Howley
DIRECTOR

1/27/1999

c/o Ho FFMW

724-2001 x 3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)