

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43589

1. Entity Name

PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC. ✓

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90002 041 \*\*\*\*61.25

Principal Place of Business

ALLIANCE PROPERTY SYSTEMS  
7101 W. COMMERCIAL BLVD. R-A  
FORT LAUDERDALE FL 33319  
US

Mailing Address

C/O ALLIANCE PROPERTY SYSTEMS  
PO BOX 26478  
FORT LAUDERDALE FL 33320-6478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0404362

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWLEY, PETER  
6738 BUENA VISTA DRIVE  
MARGATE FL 33063-8308

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **HOWLEY, PETER**  
STREET ADDRESS **6738 BUENA VISTA DR.**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **DS** ☐ Change ☒ Addition  
NAME **MARK RODRIGUEZ**  
STREET ADDRESS **6630 SALTARE TERR**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **DS** ☐ Delete  
NAME **WALSH, JOHN JR** **D VPT**  
STREET ADDRESS **6678 SALTARE TERR**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☒ Delete  
NAME **GARDNER, STEVEN**  
STREET ADDRESS **6631 SALTARE TERRACE**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

**Signature and Typed or Printed Name of Signing Officer or Director**

Date

Daytime Phone

CR2E037 (5/00)