

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43589

1. Entity Name

PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, I

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

Zip

Country

Zip

Country

4. FEI Number

65-0404362

Applied For

Not Applicable

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

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

TITLE D/S  
NAME MARK RODRIGUEZ ☐ Change ☒ Addition  
STREET ADDRESS 6630 SALTAIRE TERR  
CITY-ST-ZIP MARGATE FL 33063

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

TITLE D/T  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 #

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90133 039 \*\*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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