

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43589

1. Entity Name

PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, I
NC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90071 042 ****61.25

0074587

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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	<input type="checkbox"/> Delete
NAME	HOWLEY, PETER	
STREET ADDRESS	6738 BUENA VISTA DR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WALSH, JOHN JR	
STREET ADDRESS	6678 SALTAIRE TERR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARK	
STREET ADDRESS	6630 SALTAIRE TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Peter Howley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/02 501-250-4001

CR2E037 (9/01)