

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43589

FILED
Apr 23, 2009
Secretary of State

Entity Name: PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

8360 OAKLAND PARK BLVD.
SUITE 301
SUNRISE, FL 33351 US

New Principal Place of Business:

1133 S UNIVERSITY DRIVE
SUITE 211
PLANTATION, FL 33324 US

Current Mailing Address:

C/O ALLIANCE PROPERTY SYSTEMS
PO BOX 452199
FORT LAUDERDALE, FL 333452199 US

New Mailing Address:

C/O ALLIANCE PROPERTY SYSTEMS
PO BOX 19439
PLANTATION, FL 33324 US

FEI Number: 65-0404362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL K. ROGER & ASSOC., P.A.
621 NW 53 ST., STE 300
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RODRIGUEZ, MARK
Address: 6630 SALTAIRE TERRACE
City-St-Zip: POMPANO BEACH, FL 33063

Title: S () Delete
Name: MELENDEZ, BETTY
Address: 6718 BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: HOWLEY, PETER
Address: 6738 BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: EPPS, PHILLIP
Address: 6736 SCHOONER TERRACE
City-St-Zip: MARGATE, FL 33063

Title: S (X) Change () Addition
Name: MELENDEZ, BETTY M
Address: 6718 BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: PORTER, WALTER M
Address: 6575 SALTAIRE TERRACE
City-St-Zip: MARGATE, FL 33063

Title: D () Change (X) Addition
Name: HAGEN, TINA F
Address: 6601 BUENA VISTA DRIVE
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER HOWLEY

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date