

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43589

FILED  
Mar 22, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1133 S UNIVERSITY DRIVE  
SUITE 211  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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:**

VALANCY, STEVEN S PA  
311 SE 13TH STREET  
FT. LAUDERDALE, FL 33324 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  
Name: EPPS, PHILLIP  
Address: 6736 SCHOONER TERRACE  
City-St-Zip: MARGATE, FL 33063

Title: DVP  
Name: PORTER, WALTER M  
Address: 6575 SALTAIRE TERRACE  
City-St-Zip: MARGATE, FL 33063

Title: DT  
Name: HOWLEY, PETER  
Address: 6738 BUENA VISTA DR  
City-St-Zip: MARGATE, FL 33063

Title: DS  
Name: HAGEN, TINA F  
Address: 6601 BUENA VISTA DRIVE  
City-St-Zip: MARGATE, FL 33063

I hereby 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 all other like empowered.

SIGNATURE: PHILLIP EPPS

PRES

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date