


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90095 042 \*\*\*\*61.25

<b>DOCUMENT # N94000003417</b>			
1. Entity Name <b>THE ANTILLES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>115 VENETIAN DRIVE DELRAY BEACH FL 33483 US</b>		Mailing Address <b>115-C VENETIAN DR. DELRAY BEACH FL 33483</b>	
2. Principal Place of Business - No P.O. Box # <b>115-C</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON FL 33431</b>		7. Name and Address of New Registered Agent Name <b>STEPHEN A. BLUM</b> Street Address (P.O. Box Number is Not Acceptable) <b>115-C VENETIAN DRIVE</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33483</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>STEPHEN A. BLUM</b> (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE <b>4/12/07</b>			

1st MOORE CR2E037 (10/06)

4. FEI Number **65-0574961** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

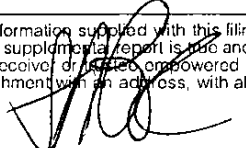
**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD WILLIAMS, AL 115 D VENETIAN DR DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD LECLERE, PATRICIA 120 S OCEAN BLVD #B-1 DELRAY BEACH FL 33485 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD HUISMAN, ALAN 708 ST. JOSEPH DR OAK BROOK IL 60523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TREAS/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	STEPHEN A. BLUM 115 C VENETIAN DR DELRAY BCH FL 33483
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT WEISMAN 115 E VENETIAN DR DELRAY BCH, FL 33483
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **STEPHEN A. BLUM** 4/12/07 561-272-0848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #