

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

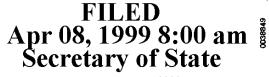
1999 DOCUMENT # N9600001226

Corporation Name

ANTIGUA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 16100 N.W. 24TH STREET PEMBROKE PINES FL 33028 Mailing Address

MIAMI MANAGEMENT 1189 SAWGRASS CORP. PARKWAY SUNRISE FL 33323



04-08-1999 90100 041 ****61.25



2. Principal P	al Place of Business		2a. Mailing Address				3. Date Incorporated or Qualifed	•			
21		26					03/04/1996			No d Fee	
Suite, Apt.	ر د مار استهمان او این راید از etc. با		Suite, Apt. #, etc	÷ ÷	÷ ~.,		FEI Number			plied For	
22		27		•			65-0654337			ot Applicable	
City & State			City & State				5. Certifcate of Status Desired				
Zip.	Country	120	Zip	Cot	intry		6. Election Campaign Financing		\$5.00	May Be	
一 ,	25 29			30			Trust Fund Contribution			to Fees	
24					Т		10. Name and Address of New Re	egistered A	\gent		
9. Name and Address of Current Registered Agent						81 Name					
						82 Street Address (P.O. Box Number is Not Acceptable)					
KREILING, EDWARD P 2500 WESTON ROAD, SUITE 220					**	Street Address (C.O. Dox Indition is Not Acceptable)					
•					83						
WESTON FL 33331											
	•		~		84	City		FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature bond or printed game of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
	Signature, typed or printed name of registered agent				d Agen	t signature requir	red when reinstating) ADDITIONS/CHANGES TO OFF		N DIDECT	78S IN 12	
12.	OFFICERS ANI	D DIRE		13.			ADDITIONS/CHANGES TO OFF	ICENO AN	Change	Addition	
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

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3-26-99

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Daytime Phone

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