2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90003 027 ****61.25

DOCUMENT # N96000001226

1. Entity Name

ANTIGUA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16100 N.W. 24TH STREET PEMBROKE PINES FL 33028	% MIAMI MANAGEMENT 1189 SAWGRASS CORP. PARKWAY SUNRISE FL 33323-2847

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0654337 ☐ 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
KREILING, EDWARD P 2500 WESTON ROAD, SUITE 220 WESTON FL 33331	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KOYLES, LEONARD ~~2899 N.W. 160 TERRACE~~ ~~PEMBROKE PINES FL 33028~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1189 Sawgrass Corp. Pkwy. Sunrise FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SMITH, NECOLA ~~2357 N.W. 162ND WAY~~ ~~PEMBROKE PINES FL 33028~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1189 Sawgrass Corp. Pkwy. Sunrise FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PRICKETT, CRAIG ~~16107 N.W. 24TH STREET~~ ~~PEMBROKE PINES FL 33028~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1189 Sawgrass Corp. Pkwy. Sunrise FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Leonard V. Koyles SIGNATURE REQUIRED 2-2-00 954-437-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #