NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91517 033 ****61.25

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DOCUMENT # N96000001226

1. Entity Name
ANTIGUA HOMEOWNERS ASSOC., INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
c/o THE CONTINENTAL GROUP	c/o THE CONTINENTAL GROUP
Suite, Apt. #, etc.: 2950 N. 28 TERR.	Suite, Apt. #, etc.: 2950 N. 28 TERR.
City & State: HOLLYWOOD, FLA.	City & State: HOLLYWOOD, FLA.
Zip: 33020 Country: U.S.	Zip: 33020 Country: U.S.

4. FEI Number: 65-0654337 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KREILING, EDWARD P.

Street Address (P.O. Box Number is Not Acceptable): 2500 WESTON ROAD, SUITE 220

City: WESTON FL Zip Code: 33331

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE	DP
NAME	FERNANDEZ, MARIA
STREET ADDRESS	2316 N.W. 161 TERR.
CITY-ST-ZIP	PEMBROKE PINES, FLA.
TITLE	DT
NAME	KOCH, GISELA
STREET ADDRESS	16066 N.W. 22 ST.
CITY-ST-ZIP	PEMBROKE PINES, FLA.
TITLE	DS
NAME	SMITH, NECOLA
STREET ADDRESS	2357 N.W. 162 WAY
CITY-ST-ZIP	PEMBROKE PINES, FLA.
TITLE	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Maria C. Fernandez 4/18/02 (954) 925-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #