## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N96000001226**

1. Entity Name



FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91003 016 \*\*\*\*61.25

ANTIGUA	A HOMEOWNERS' ASSOC	IATION, INC.					
C/O THE CONTINENTAL GROUP C/O T 2950 N 28 TERR 2950		2950 N 28 TERR	C/O THE CONTINENTAL GROUP				
2. Principal Place of Business 3. Mai		3. Making Address	. Mailing Address		(2))O OFIT OXIT WATE	LEIJ NOLII ZRIRI LENIN IITIN !	IN EN NITEEN DA INUE
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (10/	03)
City & State Cit		City & State	City & State			-	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional auired
	6. Name and Address of Current	Registered Agent	<del>-1</del>	7. Name and	Address of New	Registered Agent	-
- <u> </u>			Name		*		
2500 WES	i, EDWARD P STON ROAD, SUITE 220 , FL 33331		Street A	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip	Code
	e named entity submits this statement for	or the purpose of changing	ts registered office of	r registered agent, or bot	h, in the State of F	<u> </u>	with, and accept
8. The above	e named entity submits this statement fo tions of registered agent.	or the purpose of changing	ts registered office o	r registered agent, or both	h, in the State of F	<u> </u>	with, and accept
8. The above the obligat	tions of registered agent.	or the purpose of changing	ts registered office o	or registered agent, or both	h, in the State of F	<u> </u>	with, and accept
8. The above	tions of registered agent.			or registered agent, or both	h, in the State of F	<u> </u>	with, and accept
8. The above the obligat	Signature, typed or printed name of registered agen Filting Fee is \$61.25	t and site if applicable. (N			e	Florida. I am familiar	ble to
8. The above the obligat SIGNATURE	tions of registered agent.  Signature, typed or printed name of registered agen	t and title if applicable. (No	DTE: Registered Agent signa	ture required when reinstating)  \$5.00 May B Added to Fees	e Fic	DATE  Make check paya	ble to of State
8. The above the obligat	Signature, typed or printed name of registered agen Filting Fee is \$61.25 Due by May 1, 2004	t and title if applicable. (No	OTE: Registered Agent signa ampaign Financing d Contribution.	ture required when reinstating)  \$5.00 May B Added to Fees	e Fic	DATE  Make check paya	ble to of State RS IN 10
8. The above the obligate SIGNATURE.  10.	Signature, typed or printed name of registered agen Filting Fee is \$61.25 Due by May 1, 2004 OFFICERS AND D	t and title if applicable. (No	OTE: Registered Agent signa ampaign Financing I Contribution.	ture required when reinstating)  \$5.00 May B Added to Fees	e Fic	DATE  Make check paya orida Department CERS AND DIRECTO	ble to of State RS IN 10
8. The above the obligate SIGNATURE.	Signature, typed or printed name of registered agent Filting Fee is \$61.25 Due by May 1, 2004  OFFICERS AND D.  DS SMITH, NECOLA 2357 NW 162 WAY	t and title if applicable. (No	DTE: Registered Agent signal ampaign Financing d Contribution.  11.  TITLE  NAME  STREET ADDRESS	ture required when reinstating)  \$5.00 May B Added to Fees	e Fic	DATE  Make check paya orida Department CERS AND DIRECTO	ble to of State RS IN 10
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8. The above the obligate SIGNATURE.  10. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent  Filting Fee is \$61.25  Due by May 1, 2004  OFFICERS AND DO  DS  SMITH, NECOLA  2357 NW 162 WAY  PEMBROKE PINES, FL  DP	t and title if applicable. (No	ampaign Financing d Contribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	ture required when reinstating)  \$5.00 May B Added to Fees	e Fic	DATE  Make check paya orida Department CERS AND DIRECTO	ble to of State RS IN 10 ange
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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.

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Defete

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-926-2638.

Daytime Phone #

☐ Change

Addition