

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N96000001226 1. Entity Name ANTIGUA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O THE CONTINENTAL GROUP 2950 N 28 TERR HOLLYWOOD, FL 33020			Mailing Address C/O THE CONTINENTAL GROUP 2950 N 28 TERR HOLLYWOOD, FL 33020		
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 KREILING, EDWARD P 2500 WESTON ROAD, SUITE 220 WESTON, FL 33331			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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	DS ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	SMITH, NECOLA		NAME		
STREET ADDRESS	2357 NW 162 WAY		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL		CITY-ST-ZIP		
TITLE	DP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	FERNANDEZ, MARIA		NAME		
STREET ADDRESS	2316 NW 161 TERR		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL		CITY-ST-ZIP		
TITLE	DT ☒ Delete		TITLE	Sec/Treasurer ☐ Change ☐ Addition	
NAME	KOCH, GISELA		NAME		
STREET ADDRESS	16066 NW 22 ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL		CITY-ST-ZIP		
TITLE	DS ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	FARMER, SHIRLEY		NAME		
STREET ADDRESS	2287 N.W. 161 AVE.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Mam Farmer</i>			4/15/04 954-926-2638.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					