# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # N96000001226**

1. Entity Name
ANTIGUA HOMEOWNERS' ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -2 AM 8:44

| Principal Place of Business | Mailing Address |
|---|---|
| C/O THE CONTINENTAL GROUP<br>2950 N 28 TERR<br>HOLLYWOOD, FL 33020 | C/O THE CONTINENTAL GROUP<br>2950 N 28 TERR<br>HOLLYWOOD, FL 33020 |

05282004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o MIAMI MANAGEMENT, INC. | c/o MIAMI MANAGEMENT, INC. |
| Suite, Apt. #, etc.: 1145 Sawgrass Corp. Pkwy | Suite, Apt. #, etc.: 1145 Sawgrass Corp. Pkwy. |
| City & State: SUNRISE | City & State: SUNRISE |
| Zip: 33323 Country: USA | Zip: 33323 Country: USA |

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 |
|---|---|
| ROSEN, HARRY M ESQ.<br>2500 WESTON ROAD, SUITE 220<br>WESTON, FL 33331 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>FERNANDEZ, MARIA<br>2316 NW 161 TERR<br>PEMBROKE PINES, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>KOCH, GISELA<br>16066 NW 22 ST<br>PEMBROKE PINES, FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>900039177229<br>07/15/04--01024--004 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>FARMER, SHIRLEY<br>2287 N.W. 161 AVE.<br>PEMBROKE PINES, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| 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 |

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:** Maria C Fernandez 8-31-04 (954) 514-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIA C. FERNANDEZ