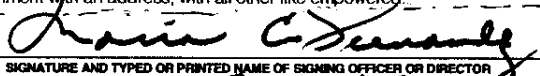


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000001226 1. Entity Name ANTIGUA HOMEOWNERS' ASSOCIATION, INC.				FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 JUL -2 AM 8:44			
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		05282004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0654337 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
2. Principal Place of Business C/O MIAMI MANAGEMENT, INC. Suite, Apt. #, etc. 1145 SANDGROSS CORP. PKWY City & State SUNRISE Zip 33323 Country USA		3. Mailing Address C/O MIAMI MANAGEMENT, INC. Suite, Apt. #, etc. 1145 SANDGROSS CORP. PKWY City & State SUNRISE Zip 33323 Country USA					
6. Name and Address of Current Registered Agent ROSEN, HARRY M ESQ. 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 re-registering)						DATE _____	
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 FERNANDEZ, MARIA 2316 NW 161 TERR PEMBROKE PINES, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KOCH, GISELA 16066 NW 22 ST PEMBROKE PINES, FL ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	900039177223 07/15/04--01024--004 **\$61.25 ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FARMER, SHIRLEY 2287 N.W. 161 AVE. 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		5-31-04 (158) 514-6228					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARIA C. FERNANDEZ		Date Daytime Phone #					