2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90257 041 ****61.25

DOCUMENT # N96000001226

1. Entity Name
ANTIGUA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT,INC. 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323	C/O MIAMI MANAGEMENT,INC. 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323

01042005 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
ROSEN, HARRY M ESQ. 2500 WESTON ROAD, SUITE 220 WESTON, FL 33331	Name RICHARD W. GLENN Street Address (P.O. Box Number is Not Acceptable) FOUR HARVARD CIRCLE Suite 600 City WEST PALM BEACH FL Zip Code 33409

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] 2-22-05
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, 2005

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	 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FLORIDA 33323	☐ 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	 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FLORIDA 33323	☐ 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
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, HOA PRESIDENT 1/12/05 (954) 514-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #