2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000001226

1. Entity Name
ANTIGUA HOMEOWNERS' ASSOCIATION, INC.



FILED Mar 28, 2006 8:00 am Secretary of State 03-28-2006 90124 011 ****61.25

1		·		9		
Principal Place of Business C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323		Mailing Address C/O MIAMI MANAGEMENT,INC. 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323		 		
2. Principal Place of Business 10 CONTURY MANGEMENT		3. Mailing Address 12505 OLANGE DR				
Suite, Apt.		Suite Apt. #, etc.		01052006 Chg-NP CR2E037 (11/05)		
City & Stat	е	DAVIE FC		4. FEI Number Applied For 65-0654337 Not Applicate		
Zip	Country	33330	Country	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		
GLENN, RICHARD W			Name M	Name MAKER POFFENBARGER		
	RVARD CIRCLE STE 600					
	LM BEACH, FL 33409		1350	ess (P.O. Box Number is Not Acceptable) #4906		
			TCity_ F	C Zip Code		
			BON J.			
		r the purpose of changing its	registered office or reg	pistered agent, or both, in the State of Florida. I am familiar with, and accep		
the obligat	tions of registered agent	1 0 01	01	5 / /x/		
	////XX/	7 as al	ALIST.	2/2/06		
SIGNATURE	Signature, typed or printed name of registered agent a	portification of engineering (ADT)	E: Registered Agent signature re	gured when resistating) DATE		
		and the nappleable. (MOT)	regular our gent agrand to	dealer somet (managed)		
	Filing Fee is \$61.25	9. Election Car	npaign Financing	\$5.00 May Be Make check payable to		
	Due by May 1, 2006	Trust Fund (Contribution.	Added to Fees Florida Department of State		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	1 2			
NAME	FERNANDEZ, MARIA	bcksc				
STREET ADDRESS	1145 SAWGRASS CORPORATE	PARKWAY				
CITY-ST-ZIP	SUÑRISE, FL 33323		CITY-ST-ZIP	Embroke Pives, Fl. 33028		
TITLE	DS	☐ Delete	TITLE 177	CE PRESIDENT SECRETARY Change Addition		
NAME	FARMER, SHIRLEY	LI Delete	NAME S	hioley FARMED		
STREET ADDRESS	1145 SAWGRASS CORPORATE	PARKWAY	STREET ADDRESS 2	HIRLEY FARMER 287 NIN 161 AVENUE		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Embroke PINES, Fl. 33028		
TITLE		☐ Delete	TILE 7	REASURER Change Additi		
NAME		_ buck	NAME 7	mother RochE		
STREET ADDRESS			STREET ADDRESS	157 (14) 2254.		
CITY-ST-ZIP	Ì		CITY-ST-ZIP	EMBROKE PINES, FI 33028		
TITLE		☐ Defete	TITLE 7	DETTOR . Change Additi		
NAME			NAME 20	WHAT FISHETTI		
STREET ADDRESS			STREET ADDRESS 3	354NW 161 AUENUE		
CITY-ST-ZIP			CITY-ST-ZIP	254NW 161 AVENUE DEMBROKE PINES, F1. 33028		
TITLE		☐ Delete	TITLE D	RECTOR Change Addition HERESA FISCHETT 354 NW 161 AVENTE EMBROKE PINES, F 33028		
NAME	\		NAME T	HEDESA FISCHETTI		
STREET ADDRESS			STREET ADDRESS	25d NW 1101 AVENNE		
CITY-ST-ZIP	-		CITY-ST-ZIP	PEMBROKE PINES F/ 33028		
TITLE		☐ Delete	TITLE	☐ Change ☐ Additi		
NAME	ļ		NAME	—		
STREET ADDRESS			STREET AODRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
				sined in Chapter 119, 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: Thank

1-25-06 (514) 334-4863