

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90439 004 ****61.25

DOCUMENT # N96000001226					
1. Entity Name ANTIGUA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O CENTURY MANAGEMENT 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323			Mailing Address 12505 ORANGE DR SUITE 906 DAVIE, FL 33330		
2. Principal Place of Business - No P.O. Box # C/O Gables Property Mgt 1495 Northpark Dr. Suite, Apt. #, etc.			3. Mailing Address 1495 Northpark Dr. Suite, Apt. #, etc.		
City & State Weston, Florida		City & State Weston FL		4. FEI Number 65-0654337	
Zip 33326		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POFFENBARGER, MARK 12505 ORANGE DR #906 DAVIE, FL 33330			7. Name and Address of New Registered Agent Name: <u>Katzman & Korr</u> Street: <u>1501 NW 49 Street #202</u> <u>Fort Lauderdale</u> FL <u>33309</u>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			Ferren L. Korr, Esq. <u>4/20/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE P NAME FERNANDEZ, MARIA STREET ADDRESS 2316 NW 161 TERRACE CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete				
TITLE VPS NAME FARMER, SHIRLEY STREET ADDRESS 2287 NW 161 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete				
TITLE T NAME ROCHE, TIMOTHY STREET ADDRESS 16157 NW 22 ST CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete				
TITLE D NAME FISCHETTI, THERESA STREET ADDRESS 2354 NW 161 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete				
TITLE D NAME FISCHETTI, MICHAEL STREET ADDRESS 2354 NW 161 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE P NAME Fernandez, Maria STREET ADDRESS 1495 Northpark Drive CITY-ST-ZIP Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VPS NAME Farmer, Shirley STREET ADDRESS 1495 Northpark Drive CITY-ST-ZIP Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE T NAME Fischetti, Michael STREET ADDRESS 1495 Northpark Drive CITY-ST-ZIP Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME Fischetti, Theresa STREET ADDRESS 1495 Northpark Drive CITY-ST-ZIP Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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: <u> Maria C. Fernandez, President </u> <u>4-20-07 (JY) 334-7863</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					