

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001226

FILED
Feb 24, 2009
Secretary of State

Entity Name: ANTIGUA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

CENTURY MGT SERVICES
1495 NORTHPARK DRIVE
FORT LAUDERDALE, FL 33326

New Principal Place of Business:

THE CONTINENTAL GROUP, INC
2950 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020

Current Mailing Address:

CENTURY MGT SERVICES
1495 NORTHPARK DRIVE
FORT LAUDERDALE, FL 33326

New Mailing Address:

THE CONTINENTAL GROUP, INC
2950 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020

FEI Number: 65-0654337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAKMAN & KORR
1501 NW 49 ST
#202
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

KATZMAN GARFINKLE
1501 NW 49 ST
#202
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: KATZMAN GARFINKLE

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, MARIA
Address: 1495 NORTHPARK DR
City-St-Zip: WESTON, FL 33326

Title: TS () Delete
Name: FARMER, SHIRLEY
Address: 1495 NORTH PARK
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: FISCHETTI, THERESA
Address: 1495 NORTHPARK DR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FERNANDEZ, MARIA
Address: 2316 NW 161 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S (X) Change () Addition
Name: MEDINA, JUAN
Address: 16084 NW 22 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T (X) Change () Addition
Name: FISCHETTI, THERESA
Address: 2354 NW 161 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA FERNANDEZ

MRS.

02/24/2009

Electronic Signature of Signing Officer or Director

Date