2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# N98000003350

Entity Name: ANTIGUA AT PEMBROKE FALLS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

820 NW 138TH TERR.
PEMBROKE PINES, FL 33028

New Principal Place of Business:

11606 NW 19 DRIVE
CORAL SPRINGS, FL 33071

Current Mailing Address:

PO BOX 770850
CORAL SPRINGS, FL 33077

New Mailing Address:

FEI Number: 65-0932689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCK PROPERTY MANAGEMENT, INC.
11606 NW 19 DRIVE
CORAL SPRIGNS, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MERCADO, MARTY
Address: 13409 NW 9TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S ( ) Delete
Name: MCCULTY, CHARLOTTE
Address: 717 NW 135 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: PRADA, JOSE
Address: 853 NW 135 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: PINZON, FERNANDO
Address: 13576 NW 7 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLOTTE MCCULTY S 02/07/2009

Electronic Signature of Signing Officer or Director — Date