

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # P94000077824

1. Entity Name
ANTIGUA CLUB, INC.



Principal Place of Business

**650 S. NORTHLAKE BLVD.
SUITE 450
ALTAMONTE SPRINGS, FL 32701 US**

Mailing Address

**650 S. NORTHLAKE BLVD.
SUITE 450
ALTAMONTE SPRINGS, FL 32701 US**



02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3283126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LECCESE, JACQUELINE
650 S. NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE
IN THIS SPACE**

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

Jacqueline Leccese
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000844097
03/12/08-80022-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LECCESE, JACQUELINE C
STREET ADDRESS	650 S. NORTHLAKE BLVD. SUITE 450
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701

TITLE	VP
NAME	GROSCH, FRANK K
STREET ADDRESS	650 S. NORTHLAKE BLVD, SUITE 450
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701

TITLE	VP
NAME	LECCESE, SALVADOR F
STREET ADDRESS	650 S. NORTHLAKE BLVD, SUITE 450
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Jacqueline Leccese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/08

Daytime Phone #

407 645-5575