

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000012172

**Entity Name:** AWMG CARIBBEAN IT SCHOLARSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

15645 COLLINS AVENUE  
803  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

P.O. BOX 221200  
HOLLYWOOD, FL 33022 US

**FEI Number: 81-0961771**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ANTON, MARK  
15645 COLLINS AVENUE  
APARTMENT 803  
SUNNY ISLES BEACH, FL 33160 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ANTON, MARK  
Address 15645 COLLINS AVENUE  
APARTMENT 803  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP  
Name HAMILTON, SHARON K  
Address 15801 W. 11 MILE RD  
City-State-Zip: SOUTHFIELD MI 48076

Title VP  
Name ATLANTIC WEST MANAGEMENT  
GROUP, INC.  
Address 19785 W. 12 MILE ROAD  
SUITE 213  
City-State-Zip: SOUTHFIELD MI 48076-2584

*I hereby 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 all other like empowered.*

**SIGNATURE: MARK ANTON**

**PRESIDENT**

**04/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date