

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000012172

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

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**3008115782CC**

**Current Principal Place of Business:**

4111 N. OCEAN DRIVE  
905  
HOLLYWOOD, FL 33019

**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  
4111 N. OCEAN DRIVE  
APARTMENT 905  
HOLLYWOOD, FL 33019 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 4111 N. OCEAN DRIVE  
905  
City-State-Zip: HOLLYWOOD FL 33019

Title VP  
Name HAMILTON, SHARON K  
Address 418 GLENBROOKE COURT  
APARTMENT 15102  
City-State-Zip: WATERFORD MI 48327

Title VP  
Name ATLANTIC WEST MANAGEMENT  
GROUP, INC.  
Address 4111 N. OCEAN DRIVE  
905  
City-State-Zip: HOLLYWOOD FL 33019

*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: MARKI ANTON**

**PRESIDENT**

**04/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date