

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

DOCUMENT# N43589

**Entity Name:** PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**C/O PETER HOWLEY, TREASURER  
PO BOX 8304  
CORAL SPRINGS, FL 33075**Current Mailing Address:**C/O HOWLEY, TREASURER  
PO BOX 8304  
CORAL SPRINGS, FL 33075 US**FEI Number:** 65-0404362**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TUCKER & LOKEINSKY P.A.  
800 E BROWARD BLVD  
SUITE # 710  
FORT LAUDERDALE, FL 33301 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:** JESSICA LOKEINSKY

04/04/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name EPPS, PHILLIP  
Address C/O PETER HOWLEY, TREASURER  
PO BOX 8304  
City-State-Zip: CORAL SPRINGS FL 33075

Title TREASURER  
Name HOWLEY, PETER  
Address C/O P HOWLEY, TREASURER  
PO BOX 8304  
City-State-Zip: CORAL SPRINGS FL 33075

Title PRESIDENT  
Name HAGEN, TINA  
Address C/O P HOWLEY, TREASURER  
PO BOX 8304  
City-State-Zip: CORAL SPRINGS FL 33075

Title DIRECTOR  
Name WILSON, SHAWN  
Address C/O P HOWLEY, TREASURER  
PO BOX 8304  
City-State-Zip: CORAL SPRINGS FL 33075

Title SECRETARY  
Name ZOOLPHEKAR, KHAN  
Address C/O PETER HOWLEY, TREASURER  
PO BOX 8304  
City-State-Zip: CORAL SPRINGS FL 33075

*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:** PETER HOWLEY

TREASURER

04/04/2022

Electronic Signature of Signing Officer/Director Detail

Date