

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43589

**Entity Name:** PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

8751 W BROWARD BLVD  
400  
PLANTATION, FL 33324

**Current Mailing Address:**

PO BOX 19439  
PLANTATION, FL 33324 US

**FEI Number:** 65-0404362

**Certificate of Status Desired:** No

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

VALANCY, STEVEN SPA  
311 SE 13TH STREET  
FT. LAUDERDALE, FL 33324 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 DP  
Name EPPS, PHILLIP  
Address 6736 SCHOONER TERRACE  
City-State-Zip: MARGATE FL 33063

Title DVP  
Name PORTER, WALTER M  
Address 6575 SALTIRE TERRACE  
City-State-Zip: MARGATE FL 33063

Title DT  
Name HOWLEY, PETER  
Address 6738 BUENA VISTA DR  
City-State-Zip: MARGATE FL 33063

Title DS  
Name HAGEN, TINA F  
Address 6601 BUENA VISTA DRIVE  
City-State-Zip: MARGATE FL 33063

Title DIR  
Name KURTH, TODD  
Address 6678 SALTIRE TERRACE  
City-State-Zip: MARGATE FL 33063

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:** PHILLIP EPPS

**PRESIDENT**

**04/05/2013**

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

\_\_\_\_\_  
Date