

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90196 023 \*\*\*\*61.25

**DOCUMENT # N99000005299**

1. Entity Name

**ABACOA TOWN CENTER PHASE TWO PROPERTY OWNERS' AS**

Principal Place of Business

Mailing Address

**222 LAKEVIEW AVENUE 17TH FLOOR  
 WEST PALM BEACH FL 33401**

**222 LAKEVIEW AVENUE 17TH FLOOR  
 WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

**Gardens Corporate Center  
 3801 PGA Boulevard, Suite 555  
 Palm Beach Gardens, FL 33410**

**Gardens Corporate Center  
 3801 PGA Boulevard, Suite 555  
 Palm Beach Gardens, FL 33410**

**00015328**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0949377**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGSERV CORP.  
 222 LAKEVIEW AVENUE 17TH FLOOR  
 WEST PALM BEACH FL 33401**

**REGSERV CORP.  
 Gardens Corporate Center  
 3801 PGA Boulevard, Suite 555  
 Palm Beach Gardens, FL 33410**

**FL** Zip Code

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.

**REGSERV CORP.**

SIGNATURE

By:

*Lawrence J. Diamond*

**Lawrence J. Diamond, Vice President**

(if signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DE GUARDIOLA, GEORGE</b>	
STREET ADDRESS	<b>222 LAKEVIEW AVENUE 17TH FLOOR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>DISALVO, PATRICK J</b>	
STREET ADDRESS	<b>222 LAKEVIEW AVENUE 17TH FLOOR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>HEDGE, SCOTT A</b>	
STREET ADDRESS	<b>222 LAKEVIEW AVENUE 17TH FLOOR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>George de Guardiola</b>	
STREET ADDRESS	<b>Gardens Corporate Center          3801 PGA Blvd., Suite 555          Palm Beach Gardens, Florida 33410</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, Florida 33410</b>	
TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Patrick J. DiSalvo</b>	
STREET ADDRESS	<b>Gardens Corporate Center          3801 PGA Blvd., Suite 555          Palm Beach Gardens, Florida 33410</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, Florida 33410</b>	
TITLE	<b>DVS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott A. K. Hedge</b>	
STREET ADDRESS	<b>Gardens Corporate Center          3801 PGA Blvd., Suite 555          Palm Beach Gardens, Florida 33410</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, Florida 33410</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(561) 630-5055**

CR2E037 (10/00)