

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90991 036 \*\*\*\*61.25

**DOCUMENT # N99000005299**



**1. Entity Name**  
**ABACOA TOWN CENTER PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC.**

**Principal Place of Business**  
3801 PGA BLVD STE 600  
PALM BEACH GARDENS FL 33410

**Mailing Address**  
3801 PGA BLVD STE 600  
PALM BEACH GARDENS FL 33410

11046303



CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**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.**  
3801 PGA BLVD STE 600  
PALM BEACH GARDENS FL 33410

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**9. Election Campaign Financing**  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DP	<input type="checkbox"/> Delete
NAME	DISALVO, PATRICK J	
STREET ADDRESS	3801 PGA BLVD STE 600	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	NOTO, MICHAEL	
STREET ADDRESS	3801 PGA BLVD STE 500	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	DIAMOND, LAWRENCE J	
STREET ADDRESS	3801 PGA BLVD STE 600	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
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		
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.**

Patrick J. DiSalvo

**SIGNATURE:**

**SIGNATURE REQUIRED**

President 4/1/03

54630-5055

CR2E037 (10/02)

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