

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000230

FILED
Jul 01, 2005
Secretary of State

Entity Name: ABIDJAN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

349 SOUTH EAST 3RD STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

349 SOUTH EAST 3RD STREET
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LYNN SOLOMON, P.A.
324 DATURA STREET
SUITE 235
WEST PALM BEACH, FL 33411 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, SHIRLEY W
Address: 215 SW 6TH AVENUE
City-St-Zip: SOUTH BAY, FL 33430

Title: SD () Delete
Name: VEREEN, QUESONA
Address: 621 S.W. 12TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: DAVIS, JANIE
Address: 608 G COVENANT DRIVE
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: GAINES, LORETTA
Address: 613 S.W. 3RD STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: TURNER, JOHN
Address: 256 N.W. 9TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GLAZE, SHIRLEY
Address: 1249 VAUGHN CIRCLE
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY TURNER

P

07/01/2005

Electronic Signature of Signing Officer or Director

Date