

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000230

FILED
Apr 13, 2009
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 ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALKER, DOROTHY
349 SE 3RD STREET
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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: V.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: T. D () Delete
Name: GLAZE, SHIRLEY
Address: 1249 VAUGHN CIRCLE
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: P.O. BOX 873
City-St-Zip: SOUTH BAY, FL 33493

Title: P () Delete
Name: THICKLIN, J R
Address: P.O. BOX 1786
City-St-Zip: WEST PALM BEACH, FL 33476

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DR. D. M. WALKER

CEO

04/13/2009

Electronic Signature of Signing Officer or Director

Date