

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000230

Entity Name: ABIDJAN ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**349 SOUTH EAST 3RD STREET
BELLE GLADE, FL 33430**Current Mailing Address:**349 SOUTH EAST 3RD STREET
BELLE GLADE, FL 33430**FEI Number: 31-1496789****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, DOROTHY
349 SE 3RD STREET
BELLE GLADE, FL 33430 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	V.P
Name	TURNER, SHIRLEY W
Address	215 SW 6TH AVENUE
City-State-Zip:	SOUTH BAY FL 33430

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

Title	T. D
Name	GLAZE, SHIRLEY
Address	1249 VAUGHN CIRCLE
City-State-Zip:	BELLE GLADE FL 33430

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

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

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: SHIRLEY W. TURNER**V.P****03/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date