

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # 728478

1. Entity Name
1690 HOLDING CORPORATION, INC.



Principal Place of Business
1840 ALICE AVE.
WEST PALM BCH, FL 33406 US

Mailing Address
1840 ALICE AVENUE
WEST PALM BEACH, FL 33406



04032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7354121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURDIE, DAVID P
212 SPRINGDALE CIR
PALM SPRINGS, FL 33461

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURDIE, DAVID P 212 SPRINGDALE CIR PALM SPRINGS, FL 33461
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABBARNO, RICHARD 1320 SW PORTER RD PORT SAINT LUCIE, FL 34953
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUNTER, STARR 4811 DORCHESTER MEWS WEST PALM BEACH, FL 33415
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Richard Abbarno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

U000000694822
04/17/07-80032-021 61.25

**DO NOT WRITE
IN THIS SPACE**

561 9670240