

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2006 08:00 A
Secretary of State

DOCUMENT # 771054

1. Entity Name
AMERICAN BANK OFFICE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
2081 SW OCEAN BLVD
STUART, FL 34996

Mailing Address
C/O MARK P ETTINGER
2081 SW OCEAN BLVD
STUART, FL 34996



01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2332451

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DENNIS S. HUDSON III
815 COLORADO AVE
STUART, FL 33494

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ETTINGER, MARK P
STREET ADDRESS 2081 SW OCEAN BLVD, # 3-B
CITY-ST-ZIP STUART, FL 34996

TITLE TD
NAME ARMSTRONG, DAVID
STREET ADDRESS 2081 SW OCEAN BLVD, # 4
CITY-ST-ZIP STUART, FL 34996

TITLE SD
NAME PORTER, GERRY
STREET ADDRESS P.O. BOX 9012
CITY-ST-ZIP STUART, FL 349959012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000565207
05/20/06-80119-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark P. Ettinger President

5/15/2006