


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90034 033 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 2081 SE OCEAN BLVD		3. Mailing Address C/O ALLISON J GRAHAM			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 2081 SE OCEAN BLVD 4TH FLOOR			
City & State STUART FL		City & State STUART FL		4. FEI Number 59-2332451	
Zip 34996		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENNIS S. HUDSON III 815 COLORADO AVE STUART, FL 33494			7. Name and Address of New Registered Agent Name ALLISON J GRAHAM Street Address (P.O. Box Number is Not Acceptable) 2081 SE OCEAN BLVD 4TH FLOOR City STUART FL Zip Code 34996		
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 <u><i>Allison J Graham</i></u> 3/12/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ETTINGER, MARK P 2081 SW OCEAN BLVD, # 3-B STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/DIRECTOR ETTINGER, MARK P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARMSTRONG, DAVID 2081 SW OCEAN BLVD, # 4 STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/DIRECTOR ARMSTRONG, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SATUR, PETER P.O. BOX 9012 STUART, FL 349959012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS/DIRECTOR SATUR, PETER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>David M. Armstrong</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			David M. Armstrong 3/17/08 772-286-7175 <small>Date Daytime Phone #</small>		