## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#771054** 

FILED Feb 09, 2009 Secretary of State

Entity Name: AMERICAN BANK OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2081 SE OCEAN BLVD STUART, FL 34996

Current Mailing Address: New Mailing Address:

C/O ALLISON J GRAHAM 2081 SE OCEAN BLVD 4TH FLOOR STUART, FL 34996

FEI Number: 59-2332451 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAHAM, ALLISON J 2081 SE OCEAN BLVD. 4TH FLOOR STUART, FL 34996 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

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 S/D
 () Delete
 Title:
 S/D
 (X) Change () Addition

 Name:
 ETTINGER, MARK P
 Name:
 ETTINGER, MARK P

 Address:
 2081 SW OCEAN BLVD.
 Address:
 2081 SE OCEAN BLVD.

 City-St-Zip:
 STUART, FL 34996
 STUART, FL 34996

Title: P/D ( ) Delete Title: P/D (X) Change ( ) Addition Name: ARMSTRONG, DAVID Name: ARMSTRONG, DAVID

Name: ARMSTRONG, DAVID
Address: 2081 SW OCEAN BLVD. #4
City-St-Zip: STUART, FL 34996

Name: ARMSTRONG, DAVID
Address: 2081 SE OCEAN BLVD. #4
City-St-Zip: STUART, FL 34996

City-St-Zip: STUART, FL 34996

Title: T/D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SATUR, PETER
 Name:

 Address:
 P.O. BOX 9012
 Address:

 City-St-Zip:
 STUART, FL 349959012
 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: DAVID M. ARMSTRONG P/D 02/09/2009