


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91837 028 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N00000000770**

1. Entity Name  
**ABACOA WORKPLACE MASTER PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>GARDENS CORPORATE CENTER        3801 PGA BLVD, <del>STE 555</del>        PALM BEACH GRDNS, FL 33410</b>	Mailing Address <b>GARDENS CORPORATE CENTER        3801 PGA BLVD, <del>STE 555</del>        PALM BEACH GRDNS, FL 33410</b>
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc. <b>Suite 600</b>	3. Mailing Address Suite, Apt. #, etc. <b>Suite 600</b>	4. FEI Number <b>65-0979469</b>	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**REGSERV CORP.  
 GARDENS CORPORATE CENTER  
 3801 PGA BLVD, STE 600  
 PALM BEACH GRDNS, FL 33410**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW: FEE IS \$61.25**


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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete NAME: <b>DISALVO, PATRICK J</b> STREET ADDRESS: <b>3801 PGA BLVD, STE 600</b> CITY-ST-ZIP: <b>PALM BEACH GRDNS, FL 33410</b>
TITLE	DVPS <input type="checkbox"/> Delete NAME: <b>NOTO, MICHEAL</b> STREET ADDRESS: <b>3801 PGA BLVD, STE 600 600</b> CITY-ST-ZIP: <b>PALM BEACH GRDNS, FL 33410</b>
TITLE	DVPS <input type="checkbox"/> Delete NAME: <b>LAWRENCE, DIAMOND J</b> STREET ADDRESS: <b>3801 PGA BLVD, STE 600</b> CITY-ST-ZIP: <b>PALM BEACH GRDNS, FL 33410</b>
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  **Patrick J. DiSalvo**  
 President 4/1/23 (561) 630-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2037 (10/02)