

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000000088

**FILED**  
**Oct 25, 2010**  
**Secretary of State**

**Entity Name:** THE COMMONS AT ABACOA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

661 UNIVERSITY BLVD.  
100  
JUPITE, FL 33458

**New Principal Place of Business:**

661 UNIVERSITY BLVD.  
100  
JUPITER, FL 33458

**Current Mailing Address:**

661 UNIVERSITY BLVD.  
100  
JUPITE, FL 33458

**New Mailing Address:**

661 UNIVERSITY BLVD.  
100  
JUPITER, FL 33458

**FEI Number:** 20-4048108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRIVOK, JAMES N  
1818 AUSTRALIAN AVE SOUTH  
WEST PALM BEACH, FL 33409 US

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

HEALTHCARE PROPERTY MANAGERS OF AMERICA, L  
661 UNIVERSITY BLVD  
100  
JUPITER, FL 33458 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: BRIAN DUNLAY

10/25/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GOLDMAN, ALEX M.D.  
Address: 661 UNIVERSITY BLVD. - SUITE 100  
City-St-Zip: JUPITER, FL 33458

Title: VSD  
Name: DELUCIA, RICHARD M.D.  
Address: 661 UNIVERSITY BLVD. - SUITE 100  
City-St-Zip: JUPITER, FL 33458

Title: PTD  
Name: BYRD, BARRY B ESQ  
Address: 661 UNIVERSITY BLVD. - SUITE 100  
City-St-Zip: JUPITER, FL 33458

I hereby 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 all other like empowered.

SIGNATURE: BARRY B BYRD

P

10/25/2010

Electronic Signature of Signing Officer or Director

Date