2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005933

FILED Feb 26, 2008 Secretary of State

Entity Name: ABACOA PROPERTY OWNERS' ASSEMBLY, INC.

Current P	rincipal Place	of Business:	New Principal Place of Business:		
1200 UNIVERSITY BLVD. BUITE #210 JUPITER, FL 33458			1200 UNIVERSITY BLVD. SUITE #102 JUPITER, FL 33458		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
SUITE #21	/ERSITY BLVD. 10 FL 33458		1200 UNIVERSITY BLVD. SUITE #102 JUPITER, FL 33458		
El Number	: 65-0729333	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of St	atus Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of New Registered	d Agent:	
Γhe above	BLVD ACH GARDENS	S, FL 33410 US ubmits this statement for the p	urpose of changing its registered office or register	red agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Age	nt Date		
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	P () LIPPMAN, PETE 221 BARBADOS JUPITER, FL 33	DR	Title: () Change () Addit Name: Address: City-St-Zip:	ion	
⊺itle: Name:	VP () HEDGE, SCOTT 138 BARBADOS JUPITER, FL 33	DR	Title: () Change () Addit Name: Address:	ion	
\ddress: City-St-Zip:	JOI II LIK, I L JS		City-St-Zip:		
City-St-Zip: Fitle: Name: Address:		Delete RVEY CHLE DR	Title: T (X) Change () Addit Name: SILVERMAN, HARVEY Address: 192 HONEYSUCKLE DR City-St-Zip: JUPITER, FL 33458	tion	
	T () SILVERMAN, HA 192 HONEY SUC JUPITER, FL 33	Delete kRVEY CHLE DR 8458 Delete E DR	Title: T (X) Change()Addit Name: SILVERMAN, HARVEY Address: 192 HONEYSUCKLE DR		
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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: PETER LIPPMAN P 02/26/2008