1/20/00-90204-004-$61.25-$61.25

DOCUMENT # N98000000026

1. Entity Name

ABACOA PARTNERSHIP FOR COMMUNITY, INC.

Principal Place of Business	Mailing Address
4400 PGA BLVD SUITE 1000 PALM BCH GARDENS FL 33410	4400 PGA BLVD SUITE 1000 PALM BCH GARDENS FL 33410-6563

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
224 DATURA STREET	224 DATURA ST		
Suite, Apt. #, etc. Suite 214	Suite, Apt. #, etc. Suite 214		
City & State West Palm Beach, Fl.	City & State West Palm Beach, Fl	4. FEI Number 65-0810147	Applied For / Not Applicable
Zip 33401	Country USA	Zip 33401 Country USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name
GARY, JOHN W III 701 US HIGHWAY ONE NO. 402 NORTH PALM BEACH FL 33408	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.

SIGNATURE _____

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

FILE NOW: **FEE IS $61.25**	9. Election Campaign Financing ☐ Trust Fund Contribution.	**$5.00** May Be Added to Fees	**Make Check Payable to** **Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBERLINK, WILLIAM 13061 SABAL CHASE PALM BEACH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIELDS, ELIZABETH B 4400 PGA BOULEVARD PALM BEACH GARDENS FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Shields-Dowdle, Elizabeth 224 DATURA St. Suite 209 West Palm Beach, Fl 33401	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEWART, TESULA 625 N FLAGLER DRIVE 10TH FLOOR WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Salom, NADER 675 W. Indiantown Road, Suite 203 Jupiter, FL 33458 - 7556	☐ Change	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KE	☐ Change	☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _Annie Henderson_   1/14/2000   561-832-2989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #