


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000000026 1. Entity Name ABACOA PARTNERSHIP FOR COMMUNITY, INC.	
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Principal Place of Business FAU - 5353 PARKSIDE DRIVE ROOM SR230 JUPITER, FL 33458	Mailing Address FAU - 5353 PARKSIDE DRIVE ROOM SR230 JUPITER, FL 33458
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01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0810147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BYRD, BARRY B 4600 MILITARY TRAIL SUITE 212 JUPITER, FL 33458

**DO NOT WRITE
IN THIS SPACE**

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

000000787854

**Filing Fee is \$61.25
Due by May 1, 2008**

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

01/18/08-80016-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, BARRY B 4600 MILITARY TRAIL, SUITE 212 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELWELL, WENDY H 284 MARLBERRY CIRCLE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALOUR, NADER 1200 UNIVERSITY DRIVE, SUITE 210 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITKOWSKI, DENNIS 1203 TOWN CENTER DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGRASSO, PHILIP DR 5353 PARKSIDE DR, RF2 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, TIM 398 NE 6TH AVE DELRAY BEACH, FL 33483

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry B Byrd, Director 1/10/08 (561) 799-9280
Date Daytime Phone #