

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002994

1. Entity Name
ABACOA PLAZA PROPERTY OWNERS' ASSOCIATION,
INC.



Principal Place of Business
1 NORTH CLEMATIS ST., STE 305
WEST PALM BEACH, FL 33401

Mailing Address
1 NORTH CLEMATIS ST., STE 305
STE 280
WEST PALM BEACH, FL 33401



02042004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0845645

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIENER, DAVID J
1 NORTH CLEMATIS ST., STE 305
WEST PALM BEACH, FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 VD
NAME GREEN, ROBERT S
STREET ADDRESS 2851 JOHN STREET, SUITE ONE
CITY-ST-ZIP MARKAM, ONTARIO, CA 13r 5r7

TITLE PSD
NAME HAMILTON, THOMAS
STREET ADDRESS 1 NORTH CLEMATIS ST., STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VD
NAME BROCK, ANDREW
STREET ADDRESS 1551 FORUM PL., STE 100
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VD
NAME BROCK, PETER
STREET ADDRESS 1551 FORUM PL., STE 100
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/04

501.835.810