

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90027 048 \*\*\*\*61.25

**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  
WEST PALM BEACH, FL 33401**

**50004627**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-0845645**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 **Tom Hamilton**  
Street Address (P.O. Box Number is Not Acceptable) **One N. Clematis Street**  
**Suite 305**  
City **West Palm Beach FL** Zip Code **33401**

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

**2/22/06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

**2/22/06 561.835.1810**