


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90016 019 \*\*\*\*61.25

<b>DOCUMENT # N98000002994</b> 1. Entity Name <b>ABACOA PLAZA PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1 NORTH CLEMATIS ST., STE 305 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>1 NORTH CLEMATIS ST. STE 305 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business - No P.O. Box # <b>4650 Donald Ross Rd</b>		3. Mailing Address <b>4650 Donald Ross Rd</b>			
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>			
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens</b>			
Zip <b>33418</b>		Country 		Zip <b>33418</b>	
Country 		Country 			
6. Name and Address of Current Registered Agent  <b>HAMILTON, TOM 1 NORTH CLEMATIS ST. SUITE 305 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>Andrew Brock</b> Street Address (P.O. Box Number is Not Acceptable) <b>4650 Donald Ross Rd</b> <b>Suite 200</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>VD</b> NAME <b>GREEN, ROBERT S</b> STREET ADDRESS <b>2851 JOHN STREET, SUITE ONE</b> CITY - ST - ZIP <b>MARKAM, ONTARIO, CA l3r 5r7</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>Brock Andrew</b> STREET ADDRESS <b>4650 Donald Ross Rd, Suite 200</b> CITY - ST - ZIP <b>Palm Beach Gardens, FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>PSD</b> NAME <b>HAMILTON, THOMAS</b> STREET ADDRESS <b>1 NORTH CLEMATIS ST., STE 305</b> CITY - ST - ZIP <b>WEST PALM BEACH, FL 33401</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>Brock Peter</b> STREET ADDRESS <b>4650 Donald Ross Rd., Suite 200</b> CITY - ST - ZIP <b>Palm Beach Gardens, FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VD</b> NAME <b>BROCK, ANDREW</b> STREET ADDRESS <b>1551 FORUM PL., STE 100</b> CITY - ST - ZIP <b>WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>Brock Peter</b> STREET ADDRESS <b>4650 Donald Ross Rd., Suite 200</b> CITY - ST - ZIP <b>Palm Beach Gardens, FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VD</b> NAME <b>BROCK, PETER</b> STREET ADDRESS <b>1551 FORUM PL., STE 100</b> CITY - ST - ZIP <b>WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>Brock Peter</b> STREET ADDRESS <b>4650 Donald Ross Rd., Suite 200</b> CITY - ST - ZIP <b>Palm Beach Gardens, FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this report 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, who is otherwise like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					