

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0033112

04-08-2002 90237 018 ****61.25

DOCUMENT # N99000002284

1. Entity Name

ABACOA TOWN CENTER PHASE ONE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

GARDENS CORPORATE CENTER
 3801 PGA BOULEVARD, SUITE 555
 PALM BEACH GARDENS FL 33410

GARDENS CORPORATE CENTER
 3801 PGA BOULEVARD, SUITE 555
 PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410

3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410

FEI Number	Applied For
65-0909135	Not Applicable

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

REGSERV CORP.
 222 LAKEVIEW AVE 17TH FLOOR
 WEST PALM BEACH FL 33401

REGSERV CORP.
 3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410

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 DE GUARDIOLA, GEORGE 3801 PGA BLVD., SUITE 555 600 PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DISALVO, PATRICK J 3801 PGA BLVD., SUITE 555 600 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HEDGE, SCOTT A K 3801 PGA BLVD., SUITE 555 600 PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P DiSalvo, Patrick J 3801 PGA Boulevard Suite 600 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, & Asst. S Noto, Michael 3801 PGA Boulevard Suite 500 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, & S Diamond, Lawrence J 3801 PGA Boulevard Suite 600 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

Patrick J. DiSalvo
 Vice President

2/20/02

561-630-5055

CR2E037 (9/01)