


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90321 028 \*\*\*\*61.25

DOCUMENT # N99000002284 1. Entity Name ABACOA TOWN CENTER PHASE ONE PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business UNITED COMMUNITY MGMT CORP 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	Mailing Address UNITED COMMUNITY MGMT CORP 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065
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**DO NOT WRITE IN THIS SPACE**

60025447



03282006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0909135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent UNITED COMMUNITY MGMT CORP 11784 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCKENNA, CHRIS 3424 PEACHTREE RD NE # 2300 ATLANTA, GA 30326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRODERICK, DAVID 3424 PEACHTREE RD NE # 2300 ATLANTA, GA 30326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VISONI, CARMINE 3424 PEACHTREE RD NE # 2300 ATLANTA, GA 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHO, YON 3424 PEACHTREE RD NE # 2300 ATLANTA, GA 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: *S. Jacobs*      4/4/06      212-286-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #