

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90037 004 ***150.00

| | | | | | |
|--|--|---|--|------------------------------------|--------------------------------------|
| DOCUMENT # P04000158149 | | | | | |
| 1. Entity Name ABACOA REALTY GROUP, INC. | | | | | |
| Principal Place of Business 1203 TOWN CENTER DRIVE 111 JUPITER, FL 33458 | | | Mailing Address 1203 TOWN CENTER DRIVE 111 JUPITER, FL 33458 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | 07152005 Chg-P CR2E034 (10/03) |
| 4. FEI Number 20-1906691 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent WORTMAN, SCOTT J 7108 FAIRWAY DRIVE 225 PALM BEACH GARDENS, FL 33418 | | | 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 <i>Scott J Wortman</i> | | SIGNATURE <i>Scott Wortman</i> | | DATE <i>7/24/05</i> | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P, T PIPITONE, CARL P 1203 TOWN CENTER DRIVE, SUITE 111 JUPITER, FL 33458 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP S MIRSKY, NORMA 1203 TOWN CENTER DRIVE, SUITE 111 JUPITER, FL 33458 | <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"/> 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 | | | | |
| 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 607, 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: <i>Norma Mirsky</i> <i>Norma Mirsky</i> Date <i>July 25, 2005</i> Daytime Phone # <i>561-845-0800</i> | | |

ATTACHMENT

50059460



Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

P04000158149

Business Entity Name

ABACOA REALTY GROUP, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

FEI Number Status

Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

☐ Applied For ☐ Not Applicable☐ Current☐ Yes ☐ No \$8.75 each☐ Yes ☐ No

Principal Place of Business

Address

1203 TOWN CENTER DRIVE

Suite, Apt. #, etc.

111

City, State

JUPITER

, FL

Zip Code & Country

33458

Mailing Address

Address

700 U.S. Highway One

Suite, Apt. #, etc.

Ste A

City, State

North Palm Beach

, FL

Zip Code & Country

33408

Name And Address of Registered Agent

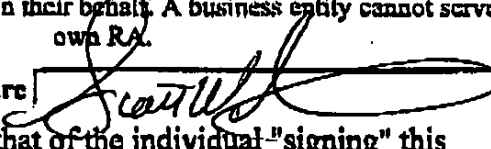
ATTACHMENT

50059460
P04000158149

Name (Last, First, Middle, Title) WORTMAN, SCOTT, J.
-or- RA Business Name
Address (PO Box is not acceptable) 7108 FAIRWAY DRIVE
Suite, Apt. #, etc. 225
City, State PALM BEACH GARDENS, FL
Zip Code & Country 33418 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title P, T
Name (Last, First, Middle, Title) PIPITONE, CARL, P
-or- Entity Name
Street Address 1203 TOWN CENTER DRIVE, SUITE 111
City, State JUPITER, FL
Zip Code & Country 33458
Title VP S
Name (Last, First, Middle, Title) MIRSKY, NORMA, J.
-or- Entity Name
Street Address 1203 TOWN CENTER DRIVE, SUITE 111
City, State JUPITER, FL
Zip Code & Country 33458
Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

ATTACHMENT

52059460
P04 000158149

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____
Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____
Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title V.P.
Officer/Director Signature Norm Minsky

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue | Reset

Start Over

Sunbiz Home Page Annual Report Help