## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000081445 (4)

COMMUNITY DEVELOPERS ABODE ENTERPRISES, INC.

Principal Place of Business Mailing Address 277 VIA HERMOSA 277 VIA HERMOSA WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415-2454 3. Date Incorporated or Qualified 3a. Date of Last Report 10/01/1996 2. Principal Place of Business 2a. Mailing Address 4 FEI Numbe Applied For 5-0707313 Not Applicable 21 26 Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ALVAREZ, CLAIRE D 277 VIA HERMOSA 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33415 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. and the style of or printed name of regulating days it and title if applicable (NOTE Hegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS (96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE ☐ Change Addition HluF ALVAREZ, CLAIRE D 12 NAME NAME CR2E034 277 VIA HERMOSA STREET ADDRESS 13 STREET ADDRESS WEST PALM BEACH FL 33415 1.4 CITY - ST - ZIP CITY-ST 20 Addition DELETE Change DIE 21 TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS Crity - S1 - 71P 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE THUE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 011 y - S1 - Z02 3.4 C(TY - ST - Z(P) Change Addition DELETE 4 1 TITLE TIFLE 4. 2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS 6-11-51-7/P 4.4 CITY - ST - ZIP DELETE Addition Change 5.1 TITLE THE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS DEY-\$1-70 5.4 CITY - \$1 - 2IP DELETE Change Addition 6 1 TITLE THE

14. I do hereby certify that the informatical supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. I further certify that the information indicates on this angual religious properties true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an offices or director of theight propried in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 11 in the properties of th

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

NAME STREET ALIGNESS

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR

31677 (561) 687-0183

**FILED** 

Mar 20 1997 8:00am

Secretary of State