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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

Secretary of State DIVISION OF CORPORATIONS

P97000025895 (8) DOCUMENT # 1. Corporation Name

Country

g. Name and Address of Current Registered Agent

25

SHANNON, WILLIAM E 4500 PGA BLVD

SUITE 400

ABACOA HOMES, INC.

Principal Place of Business 4500 PGA BLVD SUITE 400 PALM BEACH GARDENS FL 33418

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

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Zip

Mailing Address

4500 PGA BLVD SUITE 400

2a. Mailing Address

City & State

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28

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Suite, Apt #, etc.

PALM BEACH GARDENS FL 33418

FILED Feb 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Yes

8. This corporation owes or has paid the current year Intangible

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

03/21/1997

FEI Number

PALM BEACH GARDENS FL 33418			83		
			84	City	FL 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 agont, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or protect name of registered agent and title if applicable (NOTE: Registered			stered Age	ant signature	e required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	3	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DEFE1£	1.1 TITLE		P Change 🔀 Addition
NAME	DIVOSTA, OTTO B	ı	1.2 NAME		Shannon, William E.
STREET ADDRESS	4500 PGA BLVD, STE 400		1.3 STREET	ADDRESS	4500 PGA Boulevard, Suite 400
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		1.4 CITY - S	T-ZIP	Palm Beach Gardens, Fl 33418
TITLE		DELETE	2.1 TITLE		V ☐ Change ☑ Addition
NAME			2.2 NAME		Greene, Richard E.
STREET ADDRESS			2.3 STREET	ADDRESS .	4500 PGA Boulevard, Suite 400
CITY-ST-ZIP		1	2. 4 CITY-1	ST-ZIP	Palm Beach Gardens, Fl 33418
TITLE			3.1 TITLE		VST Change Addition
NAME			3.2 NAME		Owen, Jack B., Jr.
STREET ADDRESS			3 3 STREET	ADDRESS	4500 PGA Boulevard, Suite 400
CITY-ST-ZIP			3 4. CITY-	ST-ZIP	Palm Beach Gardens, Fl 33418
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4 4 CITY-5	IT-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		į,	5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	·
CITY-ST-ZIP			5.4 CITY - S	T-ZIP	
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY - S	T- ZIP	
14. Thereby 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 annual report or supplemental annual 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 recover or trustee employment do execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: William E. Shannon as Pres. 2/4/98 (561) 627-2112					

Country

81 Name

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