

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000230

**Entity Name:** ABIDJAN ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

349 SOUTH EAST 3RD STREET  
BELLE GLADE, FL 33430

**Current Mailing Address:**

349 SOUTH EAST 3RD STREET  
BELLE GLADE, FL 33430

**FEI Number: 31-1496789**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALKER, DOROTHY  
349 SE 3RD STREET  
BELLE GLADE, FL 33430 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title V.P  
Name TURNER, SHIRLEY W  
Address 215 SW 6TH AVENUE  
City-State-Zip: SOUTH BAY FL 33430

Title SD  
Name VEREEN, QUESONA  
Address 621 S.W. 12TH STREET  
City-State-Zip: BELLE GLADE FL 33430

Title T. D  
Name GLAZE, SHIRLEY  
Address 1249 VAUGHN CIRCLE  
City-State-Zip: BELLE GLADE FL 33430

Title D  
Name GAINES, LORETTA  
Address 613 S.W. 3RD STREET  
City-State-Zip: BELLE GLADE FL 33430

Title P  
Name THICKLIN, J R  
Address P. O. BOX 1786  
City-State-Zip: WEST PALM BEACH FL 33476

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHIRLEY W. TURNER**

**V.P**

**03/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date