


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 746410
 1. Entity Name
 THE ABBEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4100 NW HWY 27 OCALA, FL 34482	Mailing Address 4100 NW HWY 27 OCALA, FL 34482
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03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2175128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HUDSON, BRENDA
 4100 NW HWY 27
 OCALA, FL 34482

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2005

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 HUDSON, BRENDA 4100 NW HWY 27 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILBROOK, EILEEN 4343 NW 80TH AVE. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WIGGINS, MARLENE 4343 NW 80TH AVE. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/15/05-80003-021 81.25

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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 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: Brenda Hudson BRENDA HUDSON 3-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #