2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

					, D	ecreta	ry or s	iaie
DOCUMENT # N06000012888 1. Entity Name ABBEY LANE EAGLES RESIDENTS ASSOCIATION, INC.							0048 048 ****	
Principal Place of Business 100 EVERGREEN PLACE SW WINTER HAVEN, FL 33880		Mailing Address		n.P.		•		
		Winter Haven, Fl						
		winter Hou	ien, fi	(3 <i>8ፕ၀</i>			 	1) 81 1839 81 1 3 1 3
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312003	Chg-NP	CR2E037 (12/	06)
City & State		City & State			4. FEI Numbe 16-1771			Applied For Not Applicable
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired	\$8.75 Fee Re	Additional quired
	6. Name and Address of Current Registered Agent				7. Name and	Address of New R	egistered Agent	
GISSENDANER, JULIUS 1306 EVERGREEN PLACE SW				Name Nancy Patrick				
				Street Address (P.O. Box Number is Not Acceptable)				
WINTER HAVEN, FL 33880				100 Fuecos DI 0 517				
•				City 1 Zip Code				
				W.1	,	laven		3880
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	s registered	office or registe	red agent, or bott	n, in the State of Flo	orida. I am familiar	with, and accept
	Anna N	1					1-1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered A	gent signature require	d when reinstating)	!,	/31/08	
<u> </u>			 -	· · · · · · · · · · · · · · · · · · ·		**************************************	24 1 2 2 2	Grada teatra zael
Filing Fee Is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		ake check payal Ida Department	of State
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHA	NGES TO OFFICE		
TITLE	P	✓ Delete	TITLE				☐ Cha	inge 🔲 Addition
NAME	GISSENDANER, JULIUS		NAME					
STREET ADDRESS CITY-ST-ZIP	1306 EVERGREEN PLACE SW WNTER HAVEN, FL 33880		CITY-ST	ADDRESS				
TITLE	VP	Delete	TITLE	-211			Cha	ange
NAME	OLIVER, CASSANDRA	E Delete	NAME					nige L Addition
STREET ADDRESS	1707 EVERGREEN PLACE SW			ADDRESS				
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST	r-ZIP				
TITLE	Т	☐ Delete	TITLE				☐ Cha	inge 🔲 Addition
NAME	MERRITT, CARRIE		NAME	ĺ				
STREET ADDRESS	1203 EVERGREEN PLACE SW			ADDRESS				
CiTY-ST-ZIP	WNTER HAVEN, FL 33880		CITY-ST	- 218				
TITLE NAME	S PATRICK, NANCY	☐ Delete	TITLE				☐ Cha	inge 🔲 Addition
STREET ADDRESS	· ·			ADORESS				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS WINTER HAVEN, FL 33880

1701 EVERGREEN PLACE SW.

WINTER HAVEN, FL 33880

ALTHERIMER, KAREN

MOA

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

1/31/08 180

863) 293-1599

☐ Change

☐ Change

■ Addition

Addition