


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N07000003876 1. Entity Name ABIGAIL ESTATES HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 11945 SAN JOSE BLVD. BLDG. 300 JACKSONVILLE FL 32223 US	Mailing Address 11945 SAN JOSE BLVD. BLDG. 300 JACKSONVILLE FL 32223 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DONNELLY, KEITH 11945 SAN JOSE BLVD. BLDG. 300 JACKSONVILLE FL FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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City	FL	Zip Code
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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 is required when re-appointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	REYNOLDS, GLEN
STREET ADDRESS	11945 SAN JOSE BLVD., BLDG. 300
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	VP <input type="checkbox"/> Delete
NAME	DONNELLY, KEITH
STREET ADDRESS	11945 SAN JOSE BLVD., SUITE 300
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	S/T <input type="checkbox"/> Delete
NAME	DEMOTT, DENNIS
STREET ADDRESS	11945 SAN JOSE BLVD., SUITE 300
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000797512
01/29/08-80076-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employees.

SIGNATURE:  11/23/08 904 262-3897 x 175-