

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23039** (3)

1. Corporation Name

ABBEY PROPERTY OWNERS, INC.



Principal Place of Business	Mailing Address
502 SOUTH WILLOW AVE. UNIT #8 TAMPA FL 33606	502 SOUTH WILLOW AVE. UNIT #8 TAMPA FL 33606

3. Date Incorporated or Qualified	10/15/1987
4. FEI Number	26-4648240 59-3373214
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	☐ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KURTZ, KEVIN R 502 SOUTH WILLOW AVE. UNIT #8 TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROMER, A. JOHN III	1.2 NAME	
STREET ADDRESS	502 SOUTH WILLOW AVE. #10	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CRIBB, STEPHEN	2.2 NAME	
STREET ADDRESS	502 SOUTH WILLOW AVE. #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	KURTZ, KEVIN R	3.2 NAME	
STREET ADDRESS	502 SOUTH WILLOW AVE. #8	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

[Signature]

2-13-98

813-828-6220

CR2E037 (1097)