

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000317

Entity Name: ABBY GLEN NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

3858 SAN JOSE PARK DRIVE
JACKSONVILLE, FL 32217

Current Mailing Address:

P.O. BOX 57098
JACKSONVILLE, FL 32241 US

FEI Number: 46-4473456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREENE, PRISCILLA
3858 SAN JOSE PARK DRIVE
JACKSONVILLE, FL 32217 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: PRISCILLA GREENE

04/16/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OTHER, REGISTERED AGENT
Name GREENE, PRISCILLA
Address P.O. BOX 57098
City-State-Zip: JACKSONVILLE FL 32241

Title SECRETARY
Name MONCADA, APRIL
Address P.O. BOX 57098
City-State-Zip: JACKSONVILLE FL 32241

Title DIRECTOR
Name JARLDANE, PETE
Address P.O. BOX 57098
City-State-Zip: JACKSONVILLE FL 32241

Title PRESIDENT
Name HAMADI, HANNAH
Address P.O. BOX 57098
City-State-Zip: JACKSONVILLE FL 32241

Title TREASURER
Name ANOUSACK, SRIRATANAKOUL
Address P.O. 57098
City-State-Zip: JACKSONVILLE FL 32241

Title VP
Name REESE, SCOTT
Address P.O. BOX 57098
City-State-Zip: JACKSONVILLE FL 32241

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: PRISCILLA B GREENE

MANAGER

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date