

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:06

DOCUMENT # 727177 (8)  
1. Corporation Name  
ABBEY HOUSE OF PORT CHARLOTTE-A CONDOMINIUM INC.

Principal Place of Business Mailing Address  
CHARLOTTE SQUAR CONDOMINIUMS  
MANAGER'S OFFICE 2296 AARON STREET  
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1973  
3a. Date of Last Report 03/03/1994  
4. FEI Number 59-1574978 Applied For Not Applicable  
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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 25 29 30

9. Name and Address of Current Registered Agent  
SLATTERY, NANCY  
21287 GERTRUDE AVE  
UNIT 113  
PT CHARLOTTE FL 33952

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TURKE, RICHARD M
STREET ADDRESS	21287 GERTRUDE AVENUE
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	VD
NAME	KIRK, MARY
STREET ADDRESS	21287 GERTRUDE AVENUE
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	SD
NAME	RIVARD, SIMONNE W
STREET ADDRESS	21287 GERTRUDE AVENUE
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	TD
NAME	SLATTERY, NANCY
STREET ADDRESS	21287 GERTRUDE AVE.
CITY - ST - ZIP	PT. CHARLOTTE FL
TITLE	D
NAME	ANDREWS, HARRY
STREET ADDRESS	21287 GERTRUDE AVE, UNIT 216
CITY - ST - ZIP	PT CHARLOTTE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANDREWS, HARRY	
1.3 STREET ADDRESS	21287 Gertrude Ave. Unit 216	
1.4 CITY - ST - ZIP	Port Charlotte, FL 33952	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MIKITA, STELLA	
5.3 STREET ADDRESS	21287 Gertrude Ave. Unit 101	
5.4 CITY - ST - ZIP	Port Charlotte, FL 33952	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Harry W. Andrews Harry Andrews 2-16-95 813-629-0396  
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone No.)