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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727177 (8)
1. Corporation Name
ABBEY HOUSE OF PORT CHARLOTTE-A CONDOMINIUM INC.

Principal Place of Business CHARLOTTE SQUAR CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE FL 33952	Mailing Address CHARLOTTE SQUAR CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE FL 33952
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 08/15/1973	3a. Date of Last Report 02/19/1996
4. FEI Number 59-1574978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDREWS, HARRY	
STREET ADDRESS	21287 GERTRUDE AVE. UNIT 216	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KIRK, MARY	
STREET ADDRESS	21287 GERTRUDE AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIVARD, SIMONNE W	
STREET ADDRESS	21287 GERTRUDE AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SLATTERY, NANCY	
STREET ADDRESS	21287 GERTRUDE AVE.	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIKITA, STELLA	
STREET ADDRESS	21287 GERTRUDE AVE. UNIT 101	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stacy, Francis
2.3 STREET ADDRESS	21287 Gertrude Ave. Unit 111
2.4 CITY-ST-ZIP	Port Charlotte, FL 33952
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: HARRY W. ANDREWS **941-629-0396**
DATE: January 10, 1997

CR2E037 (9/96)