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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727177

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

08/15/1973

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

9. Name and Address of Current Registered Agent

ANDREWS, HARRY
21287 GERTRUDE AVE
UNIT 216
PT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

HARRY W. ANDREWS
Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

2/2/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME ANDREWS, HARRY
STREET ADDRESS 21287 GERTRUDE AVE. UNIT 216
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D DELETE
NAME STACY, FRANCCIS
STREET ADDRESS 21287 GERTRUDE AVE, UNIT 111
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE TSD DELETE
NAME RIVARD, SIMONNE W
STREET ADDRESS 21287 GERTRUDE AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE VD DELETE
NAME SLATTERY, NANCY
STREET ADDRESS 21287 GERTRUDE AVE.
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE D DELETE
NAME GARRETT, WAYBE
STREET ADDRESS 21287 GERTRUDE AVE 203
CITY-ST-ZIP PORT CHARLOTTEE FL 33952

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD Change Addition
1.2 NAME RIVARD, SIMONNE W.
1.3 STREET ADDRESS 21287 GERTRUDE AVE #105
1.4 CITY-ST-ZIP PORT CHARLOTTE FL 33952

2.1 TITLE D Change Addition
2.2 NAME GARRETT, WAYNE
2.3 STREET ADDRESS 21287 GERTRUDE AVE #203
2.4 CITY-ST-ZIP PORT CHARLOTTE FL 33952

3.1 TITLE TD Change Addition
3.2 NAME KEITH McDONALL
3.3 STREET ADDRESS 21287 GERTRUDE AVE #116
3.4 CITY-ST-ZIP PORT CHARLOTTE FL 33952

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(l), 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, with all other like empowered.

SIGNATURE: SIMONNE W. RIVARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (1/98)