

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90020 041 \*\*\*\*61.25

**DOCUMENT # 727177**

1. Entity 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

CHARLOTTE SQUAR CONDOMINIUMS  
 MANAGER'S OFFICE 2296 AARON STREET  
 PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1574978**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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 *Harry W. Andrews* **HARRY W. ANDREWS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Jan 27, 2000*

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDREWS, HARRY	
STREET ADDRESS	21287 GERTRUDE AVE. UNIT 216	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RIVARD, SIMONNE W	
STREET ADDRESS	21287 GERTRUDE AVE #105	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	<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	GARRETT, WAYNE	
STREET ADDRESS	21287 GERTRUDE AVE 203	
CITY-ST-ZIP	PORT CHARLOTTEE FL 33952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCDONALL, KEITH	
STREET ADDRESS	21287 GERTRUDE AVE #116	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perry, Vivian	
STREET ADDRESS	21287 Gertrude Ave #207	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNA DILL	
STREET ADDRESS	21287 Gertrude Ave. # 104	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McDonall, Keith	
STREET ADDRESS	21287 Gertrude Ave #116	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry W. Andrews* **HARRY W. ANDREWS** 1/2/00 941-629-6396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)