

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90040 042 ****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

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*

Signature, typed or printed name, title and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 29, 2002

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	PDTD	<input type="checkbox"/> Delete
NAME	ANDREWS, HARRY	
STREET ADDRESS	21287 GERTRUDE AVE UNIT 216	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLATTERY, NANCY	
STREET ADDRESS	21287 GERTRUDE AVE UNIT 113	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCDONALL, KEITH	
STREET ADDRESS	21287 GERTRUDE AVE #116	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVARD, SIMONNE	
STREET ADDRESS	21287 GERTRUDE AVENUE UNIT 105	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, MARY L	
STREET ADDRESS	21287 GERTRUDE AVE UNIT 102	
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		
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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)(l), 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 REQUIRED
 SIGNATURE: *Harry W. Andrews* **HARRY W. ANDREWS** *JAN 29, 2002* **JAN 29, 2002** *941-629-0396*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)