



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90380 004 \*\*\*\*61.25

<b>DOCUMENT # 727177</b> 1. Entity Name <b>ABBEY HOUSE OF PORT CHARLOTTE-A CONDOMINIUM INC.</b>																																																																																																																																																																					
Principal Place of Business <b>CHARLOTTE SQUAR CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>CHARLOTTE SQUAR CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE, FL 33952</b>																																																																																																																																																																		
2. Principal Place of Business		3. Mailing Address		  02132006 Chg-NP CR2E037 (11/05)																																																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																																			
City & State		City & State																																																																																																																																																																			
Zip	Country	Zip	Country																																																																																																																																																																		
4. FEI Number <b>59-1574978</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>ANDREWS, HARRY 21287 GERTRUDE AVE UNIT 216 PT CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																																																	
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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																																					
SIGNATURE <u><i>Harry W. Andrews</i></u> <span style="float: right;">Feb 14, 2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																																					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																																																	
<b>Make check payable to Florida Department of State</b>																																																																																																																																																																					
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">President</td> <td style="width: 60%;">Hill, JOHN</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>21287 Gertrude Ave # 204</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Port Charlotte, FL 33952</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>Director</td> <td>Andrews, HARRY</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>21287 Gertrude Ave # 216</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Port Charlotte, FL 33952</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	ANDREWS, HARRY	<input checked="" type="checkbox"/> Delete	NAME		21287 GERTRUDE AVE, #216		STREET ADDRESS		PORT CHARLOTTE, FL 33952		CITY-ST-ZIP				TITLE	D	SLATTERY, NANCY	<input checked="" type="checkbox"/> Delete	NAME		21287 GERTRUDE AVE UNIT 113		STREET ADDRESS		PORT CHARLOTTE, FL 33952		CITY-ST-ZIP				TITLE	TD	MCDONALL, KEITH	<input type="checkbox"/> Delete	NAME		21287 GERTRUDE AVE #116		STREET ADDRESS		PORT CHARLOTTE, FL 33952		CITY-ST-ZIP				TITLE	SD	RIVARD, SIMONNE	<input type="checkbox"/> Delete	NAME		21287 GERTRUDE AVENUE UNIT 105		STREET ADDRESS		PORT CHARLOTTE, FL 33952		CITY-ST-ZIP				TITLE	VD	LAFRANCE, NORMAND	<input type="checkbox"/> Delete	NAME		21287 GERTRUDE AVE UNIT 205		STREET ADDRESS		PORT CHARLOTTE, FL 33952		CITY-ST-ZIP				TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE	President	Hill, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME		21287 Gertrude Ave # 204		STREET ADDRESS		Port Charlotte, FL 33952		CITY-ST-ZIP				TITLE	Director	Andrews, HARRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		21287 Gertrude Ave # 216		STREET ADDRESS		Port Charlotte, FL 33952		CITY-ST-ZIP				TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Harry W. Andrews</i></u> <span style="float: right;">Feb 14, 2006 941-629-0390</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																					

ATTACHMENT 40061373

**ABBEY HOUSE**

#727177

Page 1

Printed 2/14/2006  
10:19 AM

***Selected Payments Journal***

<u>Date</u>	<u>Invoice</u>	<u>Reference</u>	<u>Description</u>	<u>Type</u>	<u>Amount</u>
<b><u>Allsta: ALLSTATE</u></b>					
2/14/2006	049659290		Liability Premium	Invoice	\$403.50
				<b>Total:</b>	<u>\$403.50</u>
<b><u>Depart: DEPARTMENT OF STATE</u></b>					
2/14/2006	727177		Filing Fee for State	Invoice	\$61.25
				<b>Total:</b>	<u>\$61.25</u>
				<b>Grand Total:</b>	<u>\$464.75</u>

ATTACHMENT 40061373

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS.

BILLING DATE 01/27/2006

#727177

POLICY NUMBER	049 659290	EFFECTIVE DATE	02/01/2006
ANNUAL PREMIUM:	\$1,610.00		
PREVIOUS PAYMENT:	\$0.00		
CURRENT AMOUNT DUE:	\$403.50 *		
DATE DUE:	02/01/2006		
TO PAY IN FULL:	\$1,610.00		

\* INCLUDES A PARTIAL PAYMENT FEE OF \$1.00

BILL

