


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 727177

1. Entity 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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip



02132006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1574978

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ANDREWS, HARRY
 21287 GERTRUDE AVE
 UNIT 216
 PT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harry W. Andrews* **Feb 14, 2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, HARRY 21287 GERTRUDE AVE, #216 PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hill, JOHN 21287 Gertrude Ave # 204 Port Charlotte, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATTERY, NANCY 21287 GERTRUDE AVE UNIT 113 PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Andrews, HARRY 21287 Gertrude Ave # 216 Port Charlotte, FL 33952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDONALL, KEITH 21287 GERTRUDE AVE #116 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVARD, SIMONNE 21287 GERTRUDE AVENUE UNIT 105 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAFRANCE, NORMAND 21287 GERTRUDE AVE UNIT 205 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Harry W. Andrews* **Feb 14, 2006 941-629-0390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

