

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2009
Secretary of State**

DOCUMENT# 727177

Entity Name: ABBEY HOUSE OF PORT CHARLOTTE-A CONDOMINIUM INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1574978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILL, JOHN
Address: 21287 GERTRUDE AVE #204
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD () Delete
Name: LAFRANCE, NORMAND
Address: 21287 CERTRUDE AVE #205
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TSD () Delete
Name: RIVARD, SIMONNE
Address: 21287 GERTRUDE AVE #105
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: ANDREWS, HARRY
Address: 21287 GERTRUDE AVE #216
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: RIVARD, LOUIS
Address: 21287 GERTRUDE AVE #105
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FREEMAN, EDITH
Address: 21287 GERTRUDE AVENUE #110
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMMONNE RIVARD

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01/19/2009

Electronic Signature of Signing Officer or Director

Date