

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727177

FILED  
Feb 17, 2010  
Secretary of State

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:

ABBAY HOUSE OF PORT CHARLOTTE  
MANAGER'S OFFICE 2296 AARON STREET  
PORT CHARLOTTE, FL 33952

## Current Mailing Address:

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

## New Mailing Address:

899 WOODBRIDGE DRIVE  
VENCIE, FL 34293

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:

ADVANCED MANAGEMENT OF SW FL INC  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293 US

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: DOUGLAS E WILSON

02/17/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

Title: D  
Name: FREEMAN, EDITH  
Address: 899 WOODBRIDGE DRIVE  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: SPEIDELL, GEORGE  
Address: 899 WOODBRIDGE DRIVE  
City-St-Zip: VENICE, FL 34293

I hereby 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 all other like empowered.

SIGNATURE: SIMONNE RIVARD

TSD

02/17/2010

Electronic Signature of Signing Officer or Director

Date