## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000612

FILED Feb 22, 2008 Secretary of State

Entity Name: ABBEY TRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business:

6905 NORTH WICKHAM ROAD 5955 T. G. LEE BLVD

SUITE 501 SUITE 300

MELBOURNE, FL 32940 ORLANDO, FL 32822 US

**Current Mailing Address:** New Mailing Address:

5955 T. G. LEE BLVD SUITE 300 9887 FOURTH STREET NORTH

SUITE 301

ST. PETERSBURG, FL 33702 US ORLANDO, FL 32822 US

FEI Number: 20-2327451 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM JOHN BARIC

1200 SOUTH PINE ISLAND ROAD 6905 NORTH WICKHAM ROAD, SUITE 501

PLANTATION, FL 33324 SUITE 501 MELBOURNE, FL 32940 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: JOHN BARIC 02/22/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

MITCHELL, KENNETH JANSEN, TELASHIA Name: Name:

6905 NORTH WICKHAM ROAD, SUITE 401 Address: 6905 NORTH WICKHAM ROAD, SUITE 401 Address:

City-St-Zip: MELBOURNE, FL 32940 US City-St-Zip: MELBOURNE, FL 32940 US

Title: VD Title: (X) Change ( ) Addition ( ) Delete

MALONE, PAM Name: MALONE, PAM Name:

Address: 5909-G HAMPTON OAKS PARKWAY Address: 5909-G HAMPTON OAKS PARKWAY

City-St-Zip: TAMPA, FL 33610 US City-St-Zip: TAMPA, FL 33610 US

Title: TD () Delete Title: DST (X) Change ( ) Addition

O'TOOLE, HAZEL O'TOOLE, HAZEL Name: Name:

6905 NORTH WICKHAM ROAD, SUITE 401 6905 NORTH WICKHAM ROAD, SUITE 401 Address: Address:

City-St-Zip: MELBOURNE, FL 32940 US City-St-Zip: MELBOURNE, FL 32940 US

Title: SD (X) Delete Title: () Change () Addition

Name: MITCHEM, WILLIAM Name: 12001 SCIENCE DRIVE, SUITE 160 Address: Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip:

Title: Title: (X) Delete () Change () Addition

WOFFORD, KENNETH Name: Name: 12001 SCIENCE DRIVE, SUITE 160 Address: Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip:

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: TALASHIA JANSEN DP 02/22/2008

Electronic Signature of Signing Officer or Director

Date