

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 04, 2010
Secretary of State

DOCUMENT# N03000000612

Entity Name: ABBEY TRACE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1463 OAKFIELD DR.
SUITE 129
BRANDON, FL 33511 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 2608
VALRICO, FL 33595 US**New Mailing Address:****FEI Number:** 20-2327451**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COMMUNITIES OF AMERICA, INC.
1463 OAKFIELD DR.
SUITE 129
BRANDON, FL 33511 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:** DP
Name: SAVICKAS, WILLIAM
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595 US**Title:** DT
Name: LEWIS, BONNIE
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595 US**Title:** DS
Name: WREN, DAMITA
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595 US**Title:** DVP
Name: SMALLIDGE, JAMES JR
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595**Title:** D
Name: HARKNESS, TYLER
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595

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: WILLIAM SAVICKAS

DP

02/04/2010

Electronic Signature of Signing Officer or Director

Date