2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004
Secretary of State

DOCUMENT# N03000010711

Entity Name: ABINGTON WOODS PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1307 19TH PLACE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1307 19TH PLACE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 20-0639432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRACKETT, MARK A
1307 19TH PLACE
VERO BEACH, FL 32960

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:	BRACKETT, MARK A	
Address:	P O BOX 1779	
City-St-Zip:	VERO BEACH, FL 32961	
Title:	VPD	( ) Delete
Name:	HANDLER, WILLIAM N	
Address:	3340 CORPORATE WAY	
City-St-Zip:	W PALM BEACH, FL 33407	
Title:	D	( ) Delete
Name:	STEPAN, AXEL	
Address:	215 OLD RIVER RD	
City-St-Zip:	LINCOLN, RI 02865	
Title:	T	( ) Delete
Name:	GORDON, MARIA	
Address:	1307 19TH PLACE	
City-St-Zip:	VERO BEACH, FL 32960	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK A. BRACKETT PD 02/06/2004

Electronic Signature of Signing Officer or Director — Date