2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2006 8:00 am Secretary of State 05-09-2006 90066 014 ****61.25

1. Entity Name

ABBÉYWOOD HOMEOWNERS ASSOCIATION INC



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Principal Place of Business C/O S&S BUSINESS SERVICES, INC. 2910 GARDEN STREET, BLDG 1 TITUSVILLE, FL 32796 US		C/O S8 2910	Mailing Address C/O S&S BUSINESS SERVICES, INC. 2910 GARDEN STREET, BLDG 1 TITUSVILLE, FL 32796 US				COMP Dift BELL AND				
2. Principal Place of Business		3. Mailing Address POBOX 5036									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04272006	Chg-NP	CR2E	037 (4/06)		
City & State		TIT	& State US VILLE	FL 327	83-509	4. FEI Numbe	2274	286		plied For t Applicable	
Žip			Zip	·			5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current F			Registered				7. Name and Address of New Registered Agent				
SEIEEERT NORMA L					Name						
SEIFFERT, NORMA J × 2910 GARDEN ST, BLDG 1 TITUSVILLE, FL 32796				Street Address			(P.O. Box Number is Not Acceptable)				
					City					Zip Code	
									FL		
	named entity tions of register	submits this statement for red agent.	or the purpo	se of changing its	registered office	or register	ed agent, or bot	th, in the State of F	Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or	printed name of registered agent	and title if applic	cable. (NOT	E: Registered Agent sign	ature required	when reinstating)		DATE		
			i								
	Filing Fee Due by Ma	is \$61.25 ay 1, 2006		9. Election Car Trust Fund C	npaign Financing Contribution.		\$5.00 May B Added to Fees			k payable to tment of St	
10.	-		RECTORS				Added to Fees		orida Depar	tment of St	ate
10. TITLE	-	ay 1, 2006	RECTORS	Trust Fund (Contribution.		Added to Fees ADDITIONS/CH/	Flo ANGES TO OFFIC	ERS AND D	RECTORS IN	tate
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _