


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90066 014 ****61.25

DOCUMENT # N05000000649			
1. Entity Name ABBEYWOOD HOMEOWNERS ASSOCIATION INC			
Principal Place of Business C/O S&S BUSINESS SERVICES, INC. 2910 GARDEN STREET, BLDG 1 TITUSVILLE, FL 32796 US		Mailing Address C/O S&S BUSINESS SERVICES, INC. 2910 GARDEN STREET, BLDG 1 TITUSVILLE, FL 32796 US	
2. Principal Place of Business		3. Mailing Address PO BOX 5036	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TITUSVILLE FL 32783-5036	
Zip	Country	Zip	Country
		4. FEI Number 20-2274286	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEIFFERT, NORMA J 2910 GARDEN ST, BLDG 1 TITUSVILLE, FL 32796		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEMING, GEORGE 2555 ST. ANTHONY'S ST TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDIE CLAUDIUS, PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2350 ST. ANDREW'S DR TITUSVILLE FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INGRAM, G G II 2570 ST. ANTHONY'S ST TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PHIL ERICKSON 2320 ST ANDREW'S DR TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HAROLD KITAREDDGE 2550 ST. ANTHONY'S ST TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JENNIFER PASTOR 2210 ST. ANDREW'S DR TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MIKE BOOTH 2460 ST PAUL'S DR TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerd.			
SIGNATURE: <i>Norma Jean Seiffert</i>		4/27/06 321-2647315	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

9000000000

