

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY 29 PH 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N05000000649
 1. Entity Name
ABBEYWOOD HOMEOWNERS ASSOCIATION INC

Principal Place of Business 2320 ST. ANDREWS DR. TITUSVILLE, FL 32780 US	Mailing Address PO BOX 5036 TITUSVILLE, FL 32783-5036 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05242007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2274286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ERICSON, PHILIP
2320 ST. ANDREWS DR
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

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 Philip Ericson Vice Pres. DATE 5/24/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CLAUDIUS, ANDIE	2350 ST. ANDREWS DR	TITUSVILLE, FL 32780	<input type="checkbox"/>
T	ERICKSON, PHIL	2320 ST. ANDREWS DR	TITUSVILLE, FL 32780	<input type="checkbox"/>
D	KITTREDGE, HAROLD	2550 ST. ANDREWS ST	TITUSVILLE, FL 32780	<input checked="" type="checkbox"/>
D	PASTOR, JENNIFER	2210 ST. ANDREWS DR	TITUSVILLE, FL 32780	<input checked="" type="checkbox"/>
V	MCCANDLESS, ROBERT	4905 ST. GEORGE'S AVE	TITUSVILLE, FL 32780	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
S	CLAUDIUS, ANDIE	2350 ST. ANDREWS DR.	TITUSVILLE, FL 32780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	ERICSON, PHILIP	2320 ST. ANDREWS DR.	TITUSVILLE, FL 32780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	FLEMING, GEORGE	2555 ST. ANTHONY'S ST.	TITUSVILLE, FL 32780	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		400104109504	06/08/07--01015--009	<input type="checkbox"/>	<input type="checkbox"/>
P	MCCANDLESS, ROBERT	4905 ST. GEORGE'S AVE.	TITUSVILLE, FL 32780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	CLAUDETTE ERICSON	2320 ST. ANDREWS DR.	TITUSVILLE, FL 32780	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 empowered.

SIGNATURE: Philip Ericson PHILIP ERICSON DATE 5/24/07 (321) 264-9607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #