## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

20-2274286   Not Applied   20-2274286   Not Applied   38.75 Additional   58. Certificate of Status Desired   \$8.75 Additional   58. Certificate of Status Desired   \$8.75 Additional   58. Certificate of Status Desired   \$8.75 Additional   58. The above numed entity autemits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent.  SIGNATURE   50.	DOCUMENT # N0500000649  1. Entity Name ABBEYWOOD HOMEOWNERS ASSOCIATION INC								07 MAY 29 PH 3: 05					
Suite, Apt. 4, etc.  City & State  Country  S. Certificate of Status Desired  See Required  Registered Agent  T. Name and Address of New Registered Agent  Name  Strout Address (P.O. Box Number is Not Acceptable)  City  FL  Tip Code  City  FL  Tip Code  City  FL  Tip Code  Strout Address (P.O. Box Number is Not Acceptable)  City  FL  Tip Code  Make check payable to Fibrida 1 am familiar with, and acceptable of Fibrida 1 am familiar	2320 ST. ANDREWS DR. PO BOX 5036						US		::U: : LL:	REDARY ( AHASSEE	JF STA FLOR	IDA		
City & State  Ci	Principal Place of Business - No P.O. Box # 3. Mailing Address							· ·						
20-2274286   Not Applied   Not	Suite, Apt	. #, etc.	Su	Suite, Apt. #, etc.				05242007 <sub>C</sub>	hg-NP	CR2E0	37 (12/06)			
Signature  Particular Signature Agent  Signature  Particular Signature  Signature  Particular Signature  Signature  Particular Signature  Signature  Particular Signature  Signa	City & Sta	te	Cit	City & State					 36	-		pplied Fo		
ERICSON, PHILIP 2320 ST. ANDREWS DR TITUSVILLE, FL 32780  City  FL Zp Code  City  FL	Zip		Zip	Zip Cou			5. Certificate of Status Desired \$8.75 Additional					10.0		
SITERT ADDRESS OR TITUS VILLE, FL 32780  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code		6. Name	and Address of Curre	nt Registere	d Agent				7. Name and Add	fress of New R	egistered	Agent	-	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	EDICSON	מו וועם												
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 act the obligations of registered agent.  SIGNATURE	2320 ST. ANDREWS DR						Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.    Signature							City					Zip Co	de	
SIGNATURE    Signature   Signa	8 The above	named entity	submite this statement	for the even								<u>-                                    </u>		
SIGNATURE    Signature typed or griend name of registered agent and little is explicated.   (NOTE Registered Agent signature required whon renateing)   DATE	the obligation	tions of registe	red agent.	or the purpo	ose or changing its i	registere	ed office o	r registeri	ed agent, or both, in	the State of Flo	orida. I am	familiar with	, and acc	ept
Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  P. CLAUDIUS, ANDIE 2350 ST. ANDREWS DR TITUSVILLE, FL 32780  TITLE  NAME ERICKSON, PHIL ERICKSON, PHIL STREET ADDRESS 2320 ST. ANDREWS DR TITUSVILLE, FL 32780  TITLE  NAME ERICKSON, PHIL STREET ADDRESS CITY-ST-2P TITUSVILLE, FL 32780  TITLE  NAME KITTREDGE, HAROLD STREET ADDRESS CITY-ST-2P TITUSVILLE, FL 32780  TITLE  NAME PASTOR, JENNIFER CITY-ST-2P TITUSVILLE, FL 32780  TITLE  NAME PASTOR, JENNIFER TITUSVILLE, FL 32780  TITLE  NAME STREET ADDRESS TREET ADDRESS	SIGNATURE Philip Erica Vice Pres, 5/24/07													i
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12. 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 directly contained by Chapter 119.														
changed, or on an attachment with an address, with all other like empowered.  SIGNATURE: Philip Error PHILIP ERICS W 5/24/01 (321) 764-9601														