

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**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



03062008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2274286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000907235  
05/05/08-80032-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	CLAUDIUS, ANDIE
STREET ADDRESS	2350 ST. ANDREWS DR
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	V
NAME	ERICKSON, PHILIP
STREET ADDRESS	2320 ST. ANDREWS DR
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	FLEMING, GEORGE
STREET ADDRESS	2555 ST. ANTHONY'S STREET
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	P
NAME	MCCANDLESS, ROBERT
STREET ADDRESS	4905 ST. GEORGE'S AVENUE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	T
NAME	ERICSON, CLAUDETTE
STREET ADDRESS	2320 ST. ANDREWS DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP ERICSON

4/15/08

Date

(321)

264-9607

Daytime Phone #