

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000649

FILED
Apr 18, 2009
Secretary of State

Entity Name: ABBEYWOOD HOMEOWNERS ASSOCIATION INC

Current Principal Place of Business:

2320 ST. ANDREWS DR.
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5036
TITUSVILLE, FL 327835036 US

New Mailing Address:

FEI Number: 20-2274286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CLAUDIUS, ANDIE
Address: 2350 ST. ANDREWS DR
City-St-Zip: TITUSVILLE, FL 32780 US

Title: V () Delete
Name: ERICKSON, PHILIP
Address: 2320 ST. ANDREWS DR
City-St-Zip: TITUSVILLE, FL 32780 US

Title: D () Delete
Name: FLEMING, GEORGE
Address: 2555 ST. ANTHONY'S STREET
City-St-Zip: TITUSVILLE, FL 32780 US

Title: P () Delete
Name: MCCANDLESS, ROBERT
Address: 4905 ST. GEORGE'S AVENUE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: T () Delete
Name: ERICSON, CLAUDETTE
Address: 2320 ST. ANDREWS DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ERICSON, PHILIP
Address: 2320 ST. ANDREWS DR
City-St-Zip: TITUSVILLE, FL 32780 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP ERICSON

VP

04/18/2009

Electronic Signature of Signing Officer or Director

Date