

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012888

FILED
Mar 23, 2007
Secretary of State

Entity Name: ABBEY LANE EAGLES RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

100 EVERGREEN PLACE SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

1036 EVERGREEN PLACE SW
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 16-1771910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GISSENDANER, JULIUS
1306 EVERGREEN PLACE SW
WINTER HAVEN, FL 33880 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: P () Delete
Name: GISSENDANER, JULIUS
Address: 1306 EVERGREEN PLACE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: V () Delete
Name: OLIVER, CASSANDRA
Address: 1707 EVERGREEN PLACE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: MERRITT, CARRIE
Address: 1203 EVERGREEN PLACE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: S () Delete
Name: PATRICK, NANCY
Address: 1003 EVERGREEN PLACE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: OLIVER, CASSANDRA
Address: 1707 EVERGREEN PLACE SW
City-St-Zip: WINTER HAVEN, FL 33880

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

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

Title: MOA () Change (X) Addition
Name: ALTHERIMER, KAREN
Address: 1701 EVERGREEN PLACE SW.
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY PATRICK

S

03/23/2007

Electronic Signature of Signing Officer or Director

Date