2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N20888

Entity Name: THE ABBEY MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

500 LOGAN BLVD SOUTH
NAPLES, FL 34119 US

New Principal Place of Business:

6017 PINE RIDGE RD 241
NAPLES, FL 34119 US

Current Mailing Address:

500 LOGAN BLVD SOUTH
NAPLES, FL 34119 US

New Mailing Address:

6017 PINE RIDGE RD 241
NAPLES, FL 34119 US

FEI Number: 65-0029306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAYVIEW PROPERTY MANAGEMENT CORP.
500 LOGAN BLVD SOUTH
NAPLES, FL 34119 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: PD ( ) Delete
Name: CRETELLA, GINO
Address: 1211 COMMON WEALTH CIR. #C-203
City-St-Zip: NAPLES, FL 34116

Title: VPD ( ) Delete
Name: NEWCOMB, AL
Address: 1220 COMMONWEALTH CR #M-102
City-St-Zip: NAPLES, FL 34116

Title: SD ( ) Delete
Name: SPANSWICK, BONNIE
Address: 1208 COMMON WEALTH CIR. #H-202
City-St-Zip: NAPLES, FL 34116

Title: TD ( ) Delete
Name: INCERTA, KATHLEEN
Address: 1223 COMMONWEALTH CR #F-203
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: KINGSTON, DUNREE
Address: 1203 COMMON WEALTH CIR A-203
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GINO CRETELLA PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date