

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000767

1. Entity Name

THE ABBEY PROPERTY OWNERS ASSOCIATION, INC.

FILED

May 15, 2002 8:00 am  
Secretary of State

05-15-2002 90011 040 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1861 PLACIDA RD.  
204  
ENGLEWOOD FL 34223  
US

1861 PLACIDA RD.  
204  
ENGLEWOOD FL 34223  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-4648247

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATSEL, C. GUY  
1861 PLACIDA RD.  
204  
ENGLEWOOD FL 34223

Name

Michael R. McKinley

Street Address (P.O. Box Number is Not Acceptable)

18401 Murdock Circle

City

Port Charlotte

FL

Zip Code

33948

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.

SIGNATURE

Michael R. McKinley, Esquire

4/35/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
THOMANN, AMY  
370 LASAYETTE DR  
PORT CHARLOTTE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MEAGHER, MICHAEL  
370 LASAYETTE DR.  
PORT CHARLOTTE FL 33952

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
MEAGHER, ELLEN  
370 LASAYETTE DR.  
PORT CHARLOTTE FL 33952

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  
Ellen Meagher

Date

4/17/02

Daytime Phone #

941-505-6616

CR2E037 (9/01)