

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 16, 2008
Secretary of State

DOCUMENT# N95000005103

Entity Name: KATHERINE ABBEY MANOR OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4946 HERTON DR
JACKSONVILLE, FL 32223 US**New Principal Place of Business:**920 THIRD STREET
B
NEPTUNE BEACH, FL 32266 US**Current Mailing Address:**11111-70 SAN JOSE BLVD
UNIT 147
JACKSONVILLE, FL 32223 US**New Mailing Address:**920 THIRD STREET
B
NEPTUNE BEACH, FL 32266 US**FEI Number:** 59-3342066**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MOODY, YULIYA
4946 HERTON DR
JACKSONVILLE, FL 32258 US**Name and Address of New Registered Agent:**WALLACE, L. DENISE
920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US

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: L. DENISE WALLACE

06/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: LUSSIER, MAURICE
Address: 8281 ABBEYFIELD DR
City-St-Zip: JACKSONVILLE, FL 32277 US**Title:** VD () Delete
Name: GUPTA, RAJIV
Address: 3269 ABBEYFIELD DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32277**Title:** ST () Delete
Name: THOMAS, SUSAN
Address: 3246 ABBEYFIELD LN.
City-St-Zip: JACKSONVILLE, FL 32277**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:

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: L. DENISE WALLACE

RA

06/16/2008

Electronic Signature of Signing Officer or Director

Date