

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005103

FILED
Apr 09, 2009
Secretary of State

Entity Name: KATHERINE ABBEY MANOR OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD STREET
B
NEPTUNE BEACH, FL 32266 US

New Principal Place of Business:

Current Mailing Address:

920 THIRD STREET
B
NEPTUNE BEACH, FL 32266 US

New Mailing Address:

FEI Number: 59-3342066 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALLACE, L. DENISE
920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 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: 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: PD (X) Change () Addition
Name: HOLDEN, JULIE
Address: 3319 ABBEYFIELD DR
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: VD (X) Change () Addition
Name: COLE, DEBORAH
Address: 8288 ABBEYFIELD DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32277

Title: ST (X) Change () Addition
Name: JACKSON, KAREN
Address: 3314 LAKE EFFIE COURT NORTH
City-St-Zip: JACKSONVILLE, FL 32277

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

04/09/2009

Electronic Signature of Signing Officer or Director

Date