

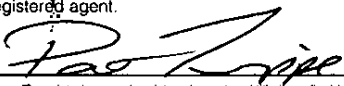
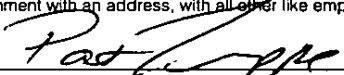


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90008 013 \*\*\*\*61.25

<b>DOCUMENT # N99000004636</b>					
<b>1. Entity Name</b> ABBEY GLEN HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O ACTION REAL ESTATE SERVICES 6110-B N.W. 1ST PLACE GAINESVILLE, FL 32607			<b>Mailing Address</b> C/O ACTION REAL ESTATE SERVICES 6110-B N.W. 1ST PLACE GAINESVILLE, FL 32607		
<b>50023652</b>					
					
<b>2. Principal Place of Business</b> 4400 NW 36th Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4400 NW 36th Ave Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State Gainesville, FL		<b>4. FEI Number</b> 59-3597075	
Zip 32606		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SAUSAMAN, JEFF C/O ACTION REAL ESTATE SERVICES 6110-B N.W. 1ST PLACE GAINESVILLE, FL 32607			<b>7. Name and Address of New Registered Agent</b> Name: Pat Tripp, C/O Management Specialists Street Address (P.O. Box Number is Not Acceptable): 4400 NW 36th Ave City: Gainesville, FL Zip Code: 32606		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: 				DATE: 7-24-06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISSA, BETTY 1912 SW 108TH ST GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUELLER, DON 1707 SW 108TH STREET GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President mueller, Don 1707 SW 108th street Gainesville FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASIK, MIKE 5104 SW 82ND TER GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYRKOLBOTN, SVEIN 4000 NW 51ST ST # B-40 GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mike Butler 1915 SW 10th street Gainesville FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMAUDO, NICHOLAS 10818 SW 20TH PL GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeannie Grimaudo 10818 SW 20th place Gainesville FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANBEEK, MIKE 1215 SW 104TH ST GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Brian Leslie 1909 SW 108th street Gainesville FL 32607
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
SIGNATURE: 				DATE: 7/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 352-373-7800	