

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90023 006 \*\*\*\*61.25

DOCUMENT # N99000004636

1. Entity Name  
ABBEY GLEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
4400 NW 36TH AVE  
GAINESVILLE, FL 32606

Mailing Address  
4400 NW 36TH AVE  
GAINESVILLE, FL 32606



2. Principal Place of Business - No P.O. Box #  
500 NW 43rd Street

3. Mailing Address  
500 NW 43rd Street

Suite, Apt. #, etc.  
Suite 3

Suite, Apt. #, etc.  
Suite 3

City & State  
Gainesville FL

City & State  
Gainesville FL

Zip  
32607

Country  
USA

Zip  
32607

Country  
USA

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3597075

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

TRIPPE, PAT  
C/O MANAGEMENT SPECIALISTS  
4400 NW 36TH AVE  
GAINESVILLE, FL 32606

## 7. Name and Address of New Registered Agent

Name  
Cornerstone Property Solutions of N. Central FL.  
Street Address (P.O. Box Number is Not Acceptable)  
500 NW 43rd Street, Suite 3  
City  
Gainesville FL Zip Code  
32607

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 obligation of the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-08

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ISSA, BETTY  
STREET ADDRESS 1912 SW 108TH ST  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE VP ☐ Delete  
NAME MUELLER, DON  
STREET ADDRESS 1707 SW 108TH STREET  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE D ☐ Delete  
NAME WASIK, MIKE  
STREET ADDRESS 5104 SW 82ND TER  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE P ☒ Delete  
NAME BUTLER, MIKE  
STREET ADDRESS 1915 SW 10TH ST  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE D ☒ Delete  
NAME GRIMAUDO, JEANNIE  
STREET ADDRESS 10818 SW 20TH PL  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE T ☒ Delete  
NAME LESLIE, BRIAN  
STREET ADDRESS 1909 SW 108TH ST  
CITY-ST-ZIP GAINESVILLE, FL 32607

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition  
NAME Don Mueller  
STREET ADDRESS 1707 SW 108th Street  
CITY-ST-ZIP Gainesville FL 32607

TITLE VP ☒ Change ☐ Addition  
NAME Mike Wasik  
STREET ADDRESS 5104 SW 82nd Ter.  
CITY-ST-ZIP Gainesville, FL 32607

TITLE T ☐ Change ☒ Addition  
NAME Larry Jacobs  
STREET ADDRESS 10912 SW 17th Lane  
CITY-ST-ZIP Gainesville, FL 32607

TITLE S ☒ Change ☐ Addition  
NAME Betty Issa  
STREET ADDRESS 1912 SW 108th St.  
CITY-ST-ZIP Gainesville FL 32607

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

352-514-0655

Daytime Phone #