

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 01, 2009  
Secretary of State**

DOCUMENT# N07000009421

**Entity Name:** ABBINGTON OAKS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

7717 NW 20TH LANE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

7717 NW 20TH LANE  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOUKHTARA, MICHEL  
7717 NW 20TH LANE  
GAINESVILLE, FL 32605     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:             DP             ( ) Delete  
Name:             MOUKHTARA, MICHEL  
Address:          RT 2 BOX 6004  
City-St-Zip:      LAKE CITY, FL 32024

Title:             DV             ( ) Delete  
Name:             ELWOOD, KENNETH  
Address:          PO BOX 358290  
City-St-Zip:      GAINESVILLE, FL 32635

Title:             DST             ( ) Delete  
Name:             ELWOOD, STEPHEN  
Address:          PO BOX 5835  
City-St-Zip:      GAINESVILLE, FL 32627

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:             DP             (X) Change ( ) Addition  
Name:             MOUKHTARA, MICHEL  
Address:          7717 NW 20TH LANE  
City-St-Zip:      GAINESVILLE, FL 32605

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: MICHEL MOUKHTARA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DP

04/01/2009

\_\_\_\_\_  
Date