


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90361 008 ****70.00

DOCUMENT # 754605

1. Entity Name
ABBOTT GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

8101 BYRON AVE **8101 BYRON AVE**
MIAMI FL 33141 **MIAMI BEACH FL 33141**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

8101 Byron Avenue
Miami Beach
Florida
3341 **USA**



MOORE CR2E037 (11/03)

4. FEI Number Applied For

59-2369502 Not Applicable

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

6. Name and Address of Current Registered Agent

Mata & Mata, Inc.
2360 NW 7st
Suite 2364
Miami, FL 33125


7. Name and Address of New Registered Agent

Name: **Assael, Isidoro**

Street Address (P.O. Box Number is Not Acceptable)

8101 Byron Avenue # 207
Miami Beach **FL** Zip Code **33141**

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.

SIGNATURE:  DATE: **4/15/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

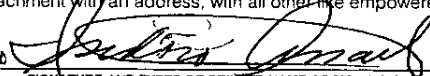
10. OFFICERS AND DIRECTORS

TITLE NAME	TD ROGELIO, RODRIGUEZ	<input type="checkbox"/> Delete
STREET ADDRESS	8101 BYRON AVE #514	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	SD NEREIDA, MENDEZ	<input type="checkbox"/> Delete
STREET ADDRESS	8101 BYRON AVE #512	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	VD CASTELO, MARIA E	<input type="checkbox"/> Delete
STREET ADDRESS	8101 BYRON AVE 506	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	PD ASSAEL, ISIDORO	<input type="checkbox"/> Delete
STREET ADDRESS	8101 BYRON AVE 207	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Reinaldo Lopez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8101 Byron Ave # 406	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **4/15/04** DAYTIME PHONE #: **305-642-2070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #