

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90102 016 ****70.00



DOCUMENT # 754605
 1. Entity Name
ABBOTT GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **8101 BYRON AVE MIAMI FL 33141 1**
 Mailing Address: **8101 BYRON AVE MIAMI BEACH FL 33141**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

1st MOORE CR2E037 (10/04)
 4. FEI Number: **59-2369502**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ASSAEL, ISIDORO
8101 BYRON AVE STE #207
MIAMI FL 33141

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	TD <input type="checkbox"/> Delete
NAME	ROGELIO, RODRIGUEZ
STREET ADDRESS	8101 BYRON AVE #514
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	SD <input type="checkbox"/> Delete
NAME	NEREIDA, MENDEZ
STREET ADDRESS	8101 BYRON AVE #512
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	CASTELEIO, MARIA E
STREET ADDRESS	8101 BYRON AVE 506
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	PD <input type="checkbox"/> Delete
NAME	ASSAEL, ISIDORO
STREET ADDRESS	8101 BYRON AVE 207
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D <input type="checkbox"/> Delete
NAME	LOPEZ, REINALDO
STREET ADDRESS	8101 BYRON AVE #406
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JESUS LOPEZ
STREET ADDRESS	8101 BYRON AVE # 407
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL GARROTE
STREET ADDRESS	8101 BYRON AVE # 507
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVA BORSAS
STREET ADDRESS	8101 BYRON AVE # 503
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 19.07(3)(f), 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 06/05 305 631 1631
 Date Daytime Phone #