


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 754605
1. Entry 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

1st MOORE CR2E037 (10/05)

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 CITY - ST - ZIP	8101 BYRON AVE #514 MIAMI BEACH FL 33141	
TITLE NAME	SD NEREIDA, MENDEZ	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	8101 BYRON AVE #512 MIAMI BEACH FL 33141	
TITLE NAME	VD LOPEZ, JESUS	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	8101 BYRON AVE # 407 MIAMI BEACH FL 33141	
TITLE NAME	PD ASSAEL, ISIDORO	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	8101 BYRON AVE 207 MIAMI BEACH FL 33141	
TITLE NAME	D LOPEZ, REINALDO	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	8101 BYRON AVE #406 MIAMI BEACH FL 33141	
TITLE NAME	D GARROTE, MANUEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	8101 BYRON AVE, # 507 MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY - ST - ZIP	000000519574 05/02/06-80059-008 70.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: 

4/15/06