

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744539

Entity Name: ABBINGTON STREET CONDOMINIUMS ASSOCIATION, INC.**Current Principal Place of Business:**1922 ABBINGTON ST
N/A
APOPKA, FL 32712**Current Mailing Address:**P.O. BOX 2148
N/A
APOPKA, FL 32704-2148 US**FEI Number: 59-2414139****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, AL
1932 ABBINGTON ST
APOPKA, FL 32712 US*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**Officer/Director Detail :**

Title	T
Name	THOMPSON, PAUL
Address	4724 DOBERMAN STREET
City-State-Zip:	ORLANDO FL 32818

Title	P
Name	DOUGLASS, JOHN
Address	1904 ABBINGTON ST
City-State-Zip:	APOPKA FL 32712

Title	VP
Name	MEIKLE, JUNAN
Address	1922 ABBINGTON ST N/A
City-State-Zip:	APOPKA FL 32712

Title	SECRETARY
Name	DOUGLAS, JOHN
Address	1904 ABBINGTON STREET
City-State-Zip:	APOPKA FL 32712

Title	OFFICER
Name	CARY, DONALD
Address	1144 ERROL PARKWAY
City-State-Zip:	APOPKA FL 32712

Title	OFFICER
Name	THOMPSON, PAUL
Address	4724 DOBERMAN STREET
City-State-Zip:	ORLANDO FL 32818

I hereby 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 all other like empowered.

SIGNATURE: PAUL THOMPSON**TREASURER****03/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date