

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744539 (8)
1. Corporation Name
ABBINGTON STREET CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business: **1912 ABBINGTON ST. APOPKA FL 32712 US**
Mailing Address: **1912 ABBINGTON ST. APOPKA FL 32712 US**

3. Date Incorporated or Qualified: **10/11/1978**
3a. Date of Last Report: **07/31/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-2414139	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

JENKS, EDWIN
1912 ABBINGTON ST
APOPKA FL 32712

81 Name: **ROBERT KELLEHER**
82 Street Address (P.O. Box Number is Not Acceptable): **1926 Abbingtion Street**
83 City: **Apopka, Florida 32712**
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **ROBERT KELLEHER** (Signature, typed or printed name of registered agent and title if applicable.)
Signature: *Robert Kelleher* (NOTE: Registered Agent signature required when reinstating.)
DATE: **4/8/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JENKS, EDWIN		1.2 NAME: KELLEHER, ROBERT	
STREET ADDRESS: 1912 ABBINGTON ST		1.3 STREET ADDRESS: 1926 ABBINGTON ST	
CITY-ST-ZIP: APOPKA FL		1.4 CITY-ST-ZIP: APOPKA, FL	
TITLE: TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CRENSHAW, ORENE		2.2 NAME: JENKS, EDWIN	
STREET ADDRESS: 1902 ABBINGTON ST		2.3 STREET ADDRESS: 1912 ABBINGTON ST	
CITY-ST-ZIP: APOPKA FL		2.4 CITY-ST-ZIP: APOPKA FL	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE: SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHULTZ, SYLVIA		3.2 NAME: Same	
STREET ADDRESS: 1934 ABBINGTON ST		3.3 STREET ADDRESS: SCHULTZ, SYLVIA	
CITY-ST-ZIP: APOPKA FL		3.4 CITY-ST-ZIP: APOPKA FL	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KELLEHER, ROBERT		4.2 NAME: RILEY, VERNA	
STREET ADDRESS: 1926 ABBINGTON ST		4.3 STREET ADDRESS: 1928 ABBINGTON ST	
CITY-ST-ZIP: APOPKA FL		4.4 CITY-ST-ZIP: APOPKA FL	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE		5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS: 800001812458	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP: -05/08/96--01008--007	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: ***\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		6.2 NAME: 32	
STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: 5.1	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: *Robert Kelleher* (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
DATE: **4/8/96**
DATE TIME PHONE: **(407) 886-7117**

CR2E037 (12/95)