

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

Mailing Address

1912 ABBINGTON ST.
APOPKA FL 32712
US

1912 ABBINGTON ST.
APOPKA FL 32712
US

3. Date Incorporated or Qualified
10/11/1978

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2414139

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

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.

(NOTE: Registered Agent signature required when reinstating)

4/8/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JENKS, EDWIN
STREET ADDRESS 1912 ABBINGTON ST
CITY-ST-ZIP APOPKA FL

DELETE

1.1 TITLE PD
1.2 NAME KELLEHER, ROBERT
1.3 STREET ADDRESS 1926 ABBINGTON ST
1.4 CITY-ST-ZIP APOPKA, FL

Change Addition

TITLE TD
NAME CRENSHAW, ORENE
STREET ADDRESS 1902 ABBINGTON ST
CITY-ST-ZIP APOPKA FL

DELETE

2.1 TITLE VD
2.2 NAME JENKS, EDWIN
2.3 STREET ADDRESS 1912 ABBINGTON ST
2.4 CITY-ST-ZIP APOPKA FL

Change Addition

TITLE SD
NAME SCHULTZ, SYLVIA
STREET ADDRESS 1934 ABBINGTON ST
CITY-ST-ZIP APOPKA FL

DELETE

3.1 TITLE SD
3.2 NAME
3.3 STREET ADDRESS SCHULTZ, SYLVIA
3.4 CITY-ST-ZIP APOPKA FL

Change Addition

Same

TITLE VD
NAME KELLEHER, ROBERT
STREET ADDRESS 1926 ABBINGTON ST
CITY-ST-ZIP APOPKA FL

DELETE

4.1 TITLE TD
4.2 NAME RILEY, VERA
4.3 STREET ADDRESS 1928 ABBINGTON ST
4.4 CITY-ST-ZIP APOPKA FL

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

800001812458
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

***61.25

32
5.1

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

Date

(407) 886-7117

Daytime Phone

CR2E037 (12/95)