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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32712-3102
US3. Date Incorporated or Qualified
10/11/19783a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2414139Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KELLEHER, ROBERT
1926 ABBINGTON ST
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name EDWIN H. JENKS

82 Street Address (P.O. Box Number is Not Acceptable)

83 1912 ABBINGTON ST

84 City APOPKA

85 FL 32712

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 *Edwin H. Jenks*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/9/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME KELLEHER, ROBERT
STREET ADDRESS 1926 ABBINGTON ST
CITY-ST-ZIP APOPKA FLTITLE TD ☐ DELETE
NAME EDWIN, JENKS
STREET ADDRESS 1912 ABBINGTON ST
CITY-ST-ZIP APOPKA FLTITLE SD ☐ DELETE
NAME SCHULTZ, SYLVIA
STREET ADDRESS 1934 ABBINGTON ST
CITY-ST-ZIP APOPKA FLTITLE VD ☐ DELETE
NAME RILEY, VERNA
STREET ADDRESS 1928 ABBINGTON ST
CITY-ST-ZIP APOPKA FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME EDWIN H. Jenks
1.3 STREET ADDRESS 1912 Abington St
1.4 CITY-ST-ZIP Apopka, FL, 327122.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME Brooker Rudy
2.3 STREET ADDRESS 1904 Abington St.
2.4 CITY-ST-ZIP Apopka, FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Edwin H. Jenks*

Date

407-889-9485
Daytime Phone # 0013024

CP2E037 (9/96)