


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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	
2. Principal Place of Business 21 Specialty Management Suite, Apt. #, etc.		2a. Mailing Address 26 2180 N. Park Ave. Suite, Apt. #, etc. 27 326	
23 City & State		28 Winter Park, FL	
24 Zip		29 32789	
Country		30 USA	

3. Date Incorporated or Qualified 10/11/1978	
4. FEI Number 59-2414139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JENKS, EDWIN H. 1912 ABBINGTON ST APOPKA FL 32712	
--	--

10. Name and Address of New Registered Agent Brett M. Jordan Specialty Management Company 2180 N. Park Ave. Suite 326 Winter Park FL 32789	
--	--

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  BRETT M. JORDAN 4/20/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	BROCKER, RUDY
STREET ADDRESS	1904 ABBINGTON ST
CITY - ST - ZIP	APOPKA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	JENKS, EDWIN H.
STREET ADDRESS	1912 ABBINGTON ST
CITY - ST - ZIP	APOPKA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, SYLVIA
STREET ADDRESS	1934 ABBINGTON ST
CITY - ST - ZIP	APOPKA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	RILEY, VERNA
STREET ADDRESS	1928 ABBINGTON ST
CITY - ST - ZIP	APOPKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD Broecker, Rudy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN COESTER
3.3 STREET ADDRESS	1930 ABBINGTON ST.
3.4 CITY - ST - ZIP	APOPKA, FL.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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:  Rudolph W. Broecker 4/29/98
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0012827

CR2E037 (10/97)