

FILE NCW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90188 012 ****61.25

DOCUMENT # 744539

1. Corporation Name

ABBINGTON STREET CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

**1912 ABBINGTON ST.
SPECIALTY MGMT
APOPKA FL 32712
US**

Mailing Address

**1912 ABBINGTON ST.
SPECIALTY MGMT
APOPKA FL 32712
US**

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

Country

30

3. Date Incorporated or Qualified

10/11/1978

4. FEI Number

59-2414139

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

**JORDAN, BRETT M
2180 N PARK AVE N
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **BROECKER RUDY**
STREET ADDRESS **1904 ABBINGTON ST**
CITY-ST-ZIP **APOPKA FL**1.1 TITLE **TJS** ☐ Change ☒ Addition
1.2 NAME **Wegener, Howard**
1.3 STREET ADDRESS **1902 Abbington Street**
1.4 CITY-ST-ZIP **Apopka, FL 32712**TITLE **TD** ☐ DELETE
NAME **JENKS, EDWIN H.**
STREET ADDRESS **1912 ABBINGTON ST**
CITY-ST-ZIP **APOPKA FL**2.1 TITLE **PLS** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **SD** ☐ DELETE
NAME **COESTER, JOAN**
STREET ADDRESS **1930 ABBINGTON ST**
CITY-ST-ZIP **APOPKA FL**3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Norman, Haldo**
3.3 STREET ADDRESS **1902 Abbington Street**
3.4 CITY-ST-ZIP **Apopka, FL 32712**TITLE **VD** ☒ DELETE
NAME **RILEY, VERNA**
STREET ADDRESS **1928 ABBINGTON ST**
CITY-ST-ZIP **APOPKA FL**4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Collier, Octavia**
4.3 STREET ADDRESS **1922 Abbington Street**
4.4 CITY-ST-ZIP **Apopka, FL 32712**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 317, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: [Signature]**4/25/99 407 589-9485**

CR2E037 (11/98)