

FILE NCW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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.
 SPEICALTY MGMT
 APOPKA FL 32712
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	26	10/11/1978
City & State	27	4. FEI Number
Zip	28	59-2414139
Country	29	Applied For
25	30	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

9. Name and Address of Current Registered Agent

JORDAN, BRETT M
2180 N PARK AVE N
SUITE 326
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROEKER RUDY	1.2 NAME	Wegener, Howard
STREET ADDRESS	1904 ABBINGTON ST	1.3 STREET ADDRESS	1926 Abbingtion Street
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	PLS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKS, EDWIN H.	2.2 NAME	
STREET ADDRESS	1912 ABBINGTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COESTER, JOAN	3.2 NAME	Norman, Haldo
STREET ADDRESS	1930 ABBINGTON ST	3.3 STREET ADDRESS	1902 Abbingtion Street
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, VERNA	4.2 NAME	Collier, Octavia
STREET ADDRESS	1928 ABBINGTON ST	4.3 STREET ADDRESS	1922 Abbingtion Street
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 OF RUDY BROEKER 1/25/99 407 589-9485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)