

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90036 020 \*\*\*\*61.25

**DOCUMENT # 744539**

1. Entity Name

**ABBINGTON STREET CONDOMINIUMS ASSOCIATION, INC.** ✓

Principal Place of Business

Mailing Address

1912 ABBINGTON ST.  
 SPECIALTY MGMT  
 APOPKA FL 32712  
 US

1912 ABBINGTON ST.  
 SPEICALTY MGMT  
 APOPKA FL 32712-3102  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2414139**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**TIMOTHY L. RENAUD**

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

**8081 GILLIAM ROAD**

**APOPKA**

City

**FL**

Zip Code

**32703**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Timothy L. Renaud*

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

(NOTE: Registered Agent signature required when reinstating)

**2-18-00**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WEGENER, HOWARD</b>	
STREET ADDRESS	<b>1926 ABBINGTON ST</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JENKS, EDWIN H.</b>	
STREET ADDRESS	<b>1912 ABBINGTON ST</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>COESTER, JOAN</b>	
STREET ADDRESS	<b>1930 ABBINGTON ST</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HALDO, NORMAN</b>	
STREET ADDRESS	<b>1902 ABBINGTON ST</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COLLIER, OCTAVIA</b>	
STREET ADDRESS	<b>1922 ABBINGTON ST</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **EDWIN H. JENKS**

**SIGNATURE REQUIRED**

*Edwin H. Jenks*

Date

Daytime Phone #

**2-18-00**

**9078499485**

CR2E037 (9/99)