

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:
FEES 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 **TD** ☐ Delete
 NAME **WEGENER, HOWARD**
 STREET ADDRESS **1926 ABBINGTON ST**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
 NAME **JENKS, EDWIN H.**
 STREET ADDRESS **1912 ABBINGTON ST**
 CITY-ST-ZIP **APOPKA FL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
 NAME **COESTER, JOAN**
 STREET ADDRESS **1930 ABBINGTON ST**
 CITY-ST-ZIP **APOPKA FL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **HALDO, NORMAN**
 STREET ADDRESS **1902 ABBINGTON ST**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
 NAME **COLLIER, OCTAVIA**
 STREET ADDRESS **1922 ABBINGTON ST**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Edwin H. Jenks

2-18-00

9078499485

Date

Daytime Phone #

CR2E037 (9/99)