

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90379 005 \*\*\*\*61.25

**DOCUMENT # 744539**

1. Entity 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

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 **T.L. RENAUD, INC.**

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

**8081 GILLIAM ROAD**

City **APOPKA**

**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 Renaud* **MANAGER**

**4-20-01**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED SZUKALA	
STREET ADDRESS	1912 ABBINGTON ST	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE COESTER	
STREET ADDRESS	1930 ABBINGTON ST	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET FENN	
STREET ADDRESS	1904 ABBINGTON ST	
CITY-ST-ZIP	APOPKA FL 32712	
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		

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:

*Fred Szukala* **FRED SZUKALA**

**4/16/01 (407) 886-8756**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)