

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2004
Secretary of State**

DOCUMENT# 744539

Entity Name: ABBINGTON STREET CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

1912 ABBINGTON ST.
SPECIALTY MGMT
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

1169 ERROL PKWY
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 59-2414139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGG, PAMELA
1169 ERROL PKWY
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WEGENER, HOWARD
Address: 1926 ABBINGTON ST
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: COESTER, JOE
Address: 1930 ABBINGTON ST.
City-St-Zip: APOPKA, FL 32712

Title: PD () Delete
Name: FENN, JANET
Address: 1904 ABBINGTON ST.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: HALDO, NORMAN
Address: 1902 ABBINGTON ST
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: PUTERBAUGH, JAMES
Address: 1912 ABBINGTON ST.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: RUDNICKI, IDA
Address: 1920 ABBINGTON ST.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, ALBERT
Address: 1932 ABBINGTON ST
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change () Addition
Name: RILEY, VERNA
Address: 1928 ABBINGTON ST
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET FENN

PD

01/09/2004

Electronic Signature of Signing Officer or Director

_____ Date