## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 744539**

FILED Jan 09, 2004 Secretary of State

Entity Name: ABBINGTON STREET CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
1912 ABBIN SPECIALTY APOPKA, F	/ MGMT	US				
Current Mailing Address:				New Mailing Address:		
1169 ERRC APOPKA, F		US				
FEI Number:	59-2414139	FEI Number Applied For()	FEI Number Not	Applicable ( ) Certifica	ate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name	and Address of New Reg	istered Agent:	
HAGG, PAI 1169 ERRC APOPKA, F	L PKWY	US				
The above in the State		y submits this statement for the	purpose of changi	ng its registered office or r	egistered agent, or both,	
SIGNATUR		onia Cianatura of Dogistarad A	t		Data	
OFFIOEDS		onic Signature of Registered A	-		Date	
OFFICERS	AND DIRE	CTORS:	ADDII	ONS/CHANGES TO OFF	ICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD WEGENER, I 1926 ABBING APOPKA, FL	STON ST	Title: Name: Address: City-St-Z	()Change( ip:	( ) Addition	
Title: Name: Address: City-St-Zip:	SD COESTER, J 1930 ABBING APOPKA, FL	STON ST.	Title: Name: Address: City-St-Z	( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	PD FENN, JANE 1904 ABBING APOPKA, FL	STON ST.	Title: Name: Address: City-St-Z	( ) Change i	( ) Addition	
Title: Name: Address: City-St-Zip:	D HALDO, NOR 1902 ABBING APOPKA, FL	STON ST	Title: Name: Address: City-St-Z	D (X) Change SMITH, ALBERT 1932 ABBINGTON ST ip: APOPKA, FL 32712	( ) Addition	
Title: Name: Address: City-St-Zip:	D PUTERBAUG 1912 ABBING APOPKA, FL	STON ST.	Title: Name: Address: City-St-Z	D (X) Change RILEY, VERNA 1928 ABBINGTON ST ip: APOPKA, FL 32712	( ) Addition	
Title: Name: Address: City-St-Zip:	D RUDNICKI, II 1920 ABBING APOPKA, FL	STON ST.	Title: Name: Address: City-St-Z	()Change( ip:	( ) Addition	

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