

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744539

**FILED**  
**Feb 10, 2009**  
**Secretary of State**

**Entity Name:** ABBINGTON STREET CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

1912 ABBINGTON ST  
N/A  
APOPKA, FL 32712 US

**New Principal Place of Business:**

1932 ABBINGTON ST  
N/A  
APOPKA, FL 32712 US

**Current Mailing Address:**

1932 ABBINGTON ST  
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:**

SMITH, AL  
1932 ABBINGTON ST  
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: T ( ) Delete  
Name: MEIKLE, JUNAN  
Address: 1922 ABBINGTON ST  
City-St-Zip: APOPKA, FL 32712

Title: S ( ) Delete  
Name: ROBERTSON, WENDY SEC  
Address: 1912 ABBINGTON ST.  
City-St-Zip: APOPKA, FL 32712

Title: P ( ) Delete  
Name: SMITH, AL  
Address: 1932 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AL SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

02/10/2009

\_\_\_\_\_  
Date