

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90375 034 ****61.25

0071415

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.
T.L. RENAUD . IN.
APOPKA FL 32712
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1169 Errol Pkwy
Suite, Apt. #, etc.

City & State
Apopka FL

4. FEI Number **59-2414139**
Applied For
 Not Applicable

Zip Country
32712 US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**T.L. REDAUD, INC.
8084 GILLIAM RD.
APOPKA FL 32703**

7. Name and Address of New Registered Agent
Name **Pamela S Haag**
Street Address (P.O. Box Number is Not Acceptable)
1169 Errol Pkwy
City **Apopka FL** Zip Code **32712**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pamela S Haag DATE 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEGENER, HOWARD 1926 ABBINGTON ST APOPKA FL 32712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COESTER, JOE 1930 ABBINGTON ST. APOPKA FL 32712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pres FENN, JANET 1904 ABBINGTON ST. APOPKA FL 32712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALDO, NORMAN 1902 ABBINGTON ST APOPKA FL 32712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZUKALA, FRED 1912 ABBINGTON ST. APOPKA FL 32712 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENN, JANET 1904 ABBINGTON ST APOPKA FL 32712 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fenn, Janet PD 1904 Abbingon St Apopka FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Puterbaugh 1912 Abbingon St Apopka FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Oida Rudnicki 1920 Abbingon St Apopka FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Janet M. Fenn DATE: 4-24-03 407-884-0339

CR2E037 (10/02)