

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, INC.
APOPKA FL 32712
US**

2. Principal Place of Business

3. Mailing Address

1169 Errol Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Apopka FL

Zip

Country

Zip

Country

32712

us

4. FEI Number **59-2414139**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

4/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **WEGENER, HOWARD**
STREET ADDRESS **1926 ABBINGTON ST**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **SD** ☐ Delete
NAME **COESTER, JOE**
STREET ADDRESS **1930 ABBINGTON ST.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D Pres** ☐ Delete
NAME **FENN, JANET**
STREET ADDRESS **1904 ABBINGTON ST.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ Delete
NAME **HALDO, NORMAN**
STREET ADDRESS **1902 ABBINGTON ST**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **PD** ☒ Delete
NAME **SZUKALA, FRED**
STREET ADDRESS **1912 ABBINGTON ST.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☒ Delete
NAME **FENN, JANET**
STREET ADDRESS **1904 ABBINGTON ST**
CITY-ST-ZIP **APOPKA FL 32712**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Fenn, Janet PD**
STREET ADDRESS **1904 Abbingten St**
CITY-ST-ZIP **Apopka FL 32712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **James Puterbaugh**
STREET ADDRESS **1912 Abbingten St**
CITY-ST-ZIP **Apopka FL 32712**

TITLE ☐ Change ☒ Addition
NAME **Ida Rudnicki**
STREET ADDRESS **1920 Abbingten St**
CITY-ST-ZIP **Apopka FL 32712**

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** **4-24-03** **407-884-0329**

CR2E037 (10/02)