

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37031 (4)

1. Corporation Name
ABBINGTON VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 246 PEBBLE BEACH CIRCLE NAPLES FL 33962	Mailing Address 246 PEBBLE BEACH CIRCLE NAPLES FL 33962
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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3. Date Incorporated or Qualified 03/12/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0231839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KRAUS, CHERYL R
FIRST UNION BLDG
1100 5TH AVE SOUTH / STE - 201
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	ST WERSCNEY, ROBERT T
NAME	252 PEBBLE BEACH CIRCLE / STE - C204
STREET ADDRESS	NAPLES FL
CITY - ST - ZIP	
TITLE	DP CHESEBRO, JAMES T
NAME	238 PEBBLE BEACH CIRCLE / STE - A105
STREET ADDRESS	NAPLES FL
CITY - ST - ZIP	
TITLE	DP LEFEBURE, WILLIAM A
NAME	2858 KINGS LAKE BLVD
STREET ADDRESS	NAPLES FL
CITY - ST - ZIP	
TITLE	DAS SOTTILARE, ROBERT
NAME	248 PEBBLE BEACH CIRCLE / STE - A102
STREET ADDRESS	NAPLES FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DT WERSCHEY, ROBERT E.
1.3 STREET ADDRESS	252 PEBBLE BEACH CIRCLE/STE - C204
1.4 CITY - ST - ZIP	NAPLES FL.
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DP POCOCK, JACK
2.3 STREET ADDRESS	244 PEBBLE BEACH CIRCLE/STE - B101
2.4 CITY - ST - ZIP	NAPLES, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DV SOTTILARE, ROBERT
3.3 STREET ADDRESS	1808 FREDERICK AVE.
3.4 CITY - ST - ZIP	MERRICK NY
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DS SADOWSKI, VINCENT
4.3 STREET ADDRESS	179 GALE AVE.
4.4 CITY - ST - ZIP	MERIDEN, CT.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D RAY SMITH
5.3 STREET ADDRESS	32 COLLEGE LANE
5.4 CITY - ST - ZIP	WESTBURY, NY
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack E Pocock Jack Pocock President 3/26/95 (813) 732-6312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #