

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified: **03/12/1990**  
3a. Date of Last Report: **03/31/1995**

21	2. Principal Place of Business <b>265 Airport Rd so</b>	2a. Mailing Address <b>c/o R&amp;P PROPERTY MANAGEMENT</b>	4. FEI Number <b>65-0231839</b>	Applied For <input type="checkbox"/>
22	Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>265 Airport Rd so</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State <b>Naples FL</b>	27. City & State <b>Naples FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip <b>33942</b>	25. Country <b>US</b>	28. Zip <b>33942</b>	30. Country <b>US</b>

9. Name and Address of Current Registered Agent <b>KRAUS, CHERYL R FIRST UNION BLDG 1100 5TH AVE SOUTH / STE - 201 NAPLES FL 33940</b>		10. Name and Address of New Registered Agent	
81	Name <b>R&amp;P PROPERTY MANAGEMENT</b>	82	Street Address (P.O. Box Number is Not Acceptable) <b>265 Airport Rd so</b>
83		84	City <b>NAPLES</b>
		85	Zip Code <b>FL 33942</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **Denvis Carroll R&P PROPERTY MANAGEMENT** DATE: **4/18/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WERSCHHEY, ROBERT E.</b>	1.2 NAME	
STREET ADDRESS	<b>252 PEBBLE BEACH CIRCLE / STE - C204</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHESEBRO, JAMES T</b>	2.2 NAME	
STREET ADDRESS	<b>238 PEBBLE BEACH CIRCLE / STE - A105</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEFEBURE, WILLIAM A</b>	3.2 NAME	<b>Robert Malone</b>
STREET ADDRESS	<b>2658 KINGS LAKE BLVD</b>	3.3 STREET ADDRESS	<b>256 Pebble Beach Circle #106</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	<b>NAPLES FL 33962</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOTTILARE, ROBERT</b>	4.2 NAME	<b>PS</b>
STREET ADDRESS	<b>1808 FREDERICK AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRICK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POCOCK, JACK</b>	5.2 NAME	<b>RAY SMITH</b>
STREET ADDRESS	<b>244 PEBBLE BEACH CIRCLE/STE - B101</b>	5.3 STREET ADDRESS	<b>232 PEBBLE BEACH CIRCLE #101</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	<b>NAPLES FL 33962</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SADLOWSKI, VINCENT</b>	6.2 NAME	
STREET ADDRESS	<b>179 GALE AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERIDEN CT</b>	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 119.07(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: *[Signature]* **ROBERT S. SOTTILARE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)