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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

SIGNATURE:

N37031

(4)

ABBINGTON VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 09 1998 8:00am
Secretary of State

| Principal Place of Business Mailing Address | | | | | ı iddinini aşı (ilili 1001) ağıdı (| 11M1 11M1 M1M11 A | /1846 61814 6181 1 81 | 1011 21211 1001 |
|---|--|------------------------------------|------------------------------|--|--|-------------------|------------------------------|-----------------------|
| 265 AIRPORT RD.SO NAPLES FL 33942 US | | C/O R.P. PROPERTY MAI | C/O R.P. PROPERTY MANG | | | | | |
| | | 265 AIRPORT RD SO | | | 3. Date Incorporated or Qualified | | | |
| | | NAPLES FL 33942 | | 03/12/1990 4. FEI Number Apolied Fo | | | - all ad Fan | |
| | | US | | | | | <u> </u> | polied For |
| | | | d d | | 65-0231839 | | ot Applicable | |
| 2. Principal P | lace of Business | 2a. Mailing Address | 28. Mailing Address | | 5. Certificate of Status Desired | | | Additional equired |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | 6. Election Campaign Financing | | \$5.00 | |
| 22 | | 27 | | Trust Fund Contribution | <u> </u> | Added to | | |
| City & State | 9 | City & State | City & State | | 7. Is this nonprofit corporation a homeowners association? | | | |
| 23 | | 28 | | ☐ Yes ☐ No | | | | |
| Zip Country | | Zip Country | | 8. This corporation owes or has paid the current year intangible | | | | |
| 24 25 | | 29 | 29 30 | | Personal Property Tax due June 30. 🔲 Yes 🔲 No | | | |
| | 9. Name and Address of Cur | rent Registered Agent | | | 10. Name and Address of New | Registered | d Agent | |
| | | | 81 | Name | | | | |
| R.P. PROPERTY MANG. | | | 82 | Stroot Ac | dress (P.O. Box Number is Not Acce | otable) | | · |
| 265 AIRPORT RD. SO | | | 52 | SI GOL AL | JUI 988 (F.O. DOX 14011DBI 18 1401 ACCE | λαυίοι | | |
| 1100 57H AVE SOUTH / STE - 201 | | | 83 | | | | | |
| NAPLES FL 33042 | | | <u></u> | | | | | |
| 144 CEG | 1.500-12 | | 84 | City | NAPLAS | | 85 Zip | Code 104 |
| 11 Purcuant | to the provisions of Sections 617 (| 0502 and 617 1508 Florida Statu | ites the above | e-named co | ornoration submits this statement for the | ne purpose | of changing i | te registered |
| office or r | egistered agent, or both, in the St | ate of Florida. Such change was | authorized by | the corpo | orporation submits this statement for the ration's board of directors. I hereby according to the ration of the rat | cept the ar | pointment as | registered |
| agent. I a | m familiar with, and accept the ob | oligations of, Section 617.0503, F | lorida Statute | ₿. | | | | |
| SIGNATURE . | | | | | | | | |
| | Signature, typed or printed name of registered | | | ent signature re- | quired when reinstating) | DATE | ID DIDECTOL | 50 111 40 |
| 12. | | AND DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO O | -FICERS AP | Change | Addition |
| TITLE | | | 1,1 TITLE | | | | Charite | LJ Addition |
| 1 | NAME WERSCHEY, ROBERT E. | | 1.2 NAME | | | | | |
| STREET ADDRESS 252 PEBBLE BEACH CIRCLE | | LE / STE - C204 | TE - C204 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP NAPLES FL | | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | VD . | ☐ DELETE | 2.1 TITLE | | | | Change | Addition |
| NAME | ROBERT MALONE | | 2.2 NAME | 1 | | : | | |
| STREET ADDRESS | 256 PEBBLE BCH CIR P10 | 16 | 2.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | NTY-ST-ZIP NAPLES FL | | 2. 4 CITY-ST-ZIP | | | | | |
| TITLE | PD | DELETE | 3.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | SOTTILARE, ROBERT | | 3.2 NAME | | | | | |
| STREET ADDRESS | 1808 FREDERICK AVE. | | 3.3 STREET | ADDRESS | | | | |
| | MERRICK NY | | 3.4. CITY - | | | | | |
| CITY-ST-ZIP | | VD DELETE | | ai-Zir | | | Change | Addition |
| | I IT | L better | | j | | | | |
| NAME | RAY SMITH | | 4. 2 NAME | | | | | |
| STREET ADDRESS | 232 PEBBLE BCH CINDLE | £ 101 | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | 4.4 CITY - 5 | 57-ZIP | | | | |
| TITLE | DS DELETE | | 5.1 TITLE | | | | ☐ Change | ■ Addition |
| NAME | Sadlowski, vincent | | 5.2 NAME | | | | | |
| STREET ADDRESS | 179 GALE AVE. | | 5.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | MERIDEN CT | | 5.4 CITY-5 | ST-ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | | Change | Addition |
| | | _ | COMME | | | | - | |

6.3 STREET ADDRESS

14. 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 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.