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**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90105 039 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N37031**

1. Corporation Name

**ABBINGTON VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

265 AIRPORT RD.SO  
 NAPLES FL 33943  
 US

C/O R.P. PROPERTY MANG  
 265 AIRPORT RD SO  
 NAPLES FL 33943  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

03/12/1990

22 City & State

27 City & State

4. FEI Number  
 65-0231839

Applied For  
 Not Applicable

23 Zip 34104 Country

28 Zip 34104 Country

5. Certificate of Status Desired

\$8.75-Additional  
 Fee Required

24

25

29

30

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

R.P. PROPERTY MANG.  
 265 AIRPORT RD.. SO  
 NAPLES FL 34104

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT  DELETE  
 NAME WERSCHEY, ROBERT E.  
 STREET ADDRESS 252 PEBBLE BEACH CIRCLE / STE - C204  
 CITY-ST-ZIP NAPLES FL

1.1 TITLE VP  Change  Addition  
 1.2 NAME KRISTIN CONNELL  
 1.3 STREET ADDRESS 240 Pebble Beach Circle  
 1.4 CITY-ST-ZIP NAPLES FL 34113

TITLE VD  DELETE  
 NAME ROBERT MALONE  
 STREET ADDRESS 256 PEBBLE BCH CIR P106  
 CITY-ST-ZIP NAPLES FL

2.1 TITLE B  Change  Addition  
 2.2 NAME BERNARD NUNN  
 2.3 STREET ADDRESS 240 Pebble Beach Circle  
 2.4 CITY-ST-ZIP NAPLES FL 34113

TITLE PD  DELETE  
 NAME SOTTILARE, ROBERT  
 STREET ADDRESS 1808 FREDERICK AVE.  
 CITY-ST-ZIP MERRICK NY

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME RAY SMITH  
 STREET ADDRESS 232 PEBBLE BCH CINDLE E 101  
 CITY-ST-ZIP NAPLES FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE DS  DELETE  
 NAME SADLOWSKI, VINCENT  
 STREET ADDRESS 179 GALE AVE.  
 CITY-ST-ZIP MERIDEN CT

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/19/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037\_ (1/198)