

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90160 029 \*\*\*\*61.25

**DOCUMENT # N37031**

1. Entity Name

**ABBINGTON VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

265 AIRPORT RD.SO  
 NAPLES FL 34104  
 US

C/O R.P. PROPERTY MANG  
 265 AIRPORT RD SO  
 NAPLES FL 34104-3518  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0231839**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

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

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	CONNELL, KRISTIN	
STREET ADDRESS	240 PEBBLE BEACH CIRCLE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBERT MALONE	
STREET ADDRESS	258 PEBBLE BCH CIR P106	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOTTILARE, ROBERT	
STREET ADDRESS	1808 FREDERICK AVE.	
CITY-ST-ZIP	MERRICK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUNN BERNARD,	
STREET ADDRESS	240 PEBBLE BEACH CIRCLE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SADLOWSKI, VINCENT	
STREET ADDRESS	179 GALE AVE.	
CITY-ST-ZIP	MERIDEN CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wershey, Bob	
STREET ADDRESS	252 Pebble Beach Cir, C-204	
CITY-ST-ZIP	Naples, FL 34113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2000  
 Date Daytime Phone #

CRE037 (9/99)