

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 15, 2001 8:00 am
Secretary of State

01-26-2001 90076 050 ****61.25

DOCUMENT # N37031
 1. Entity Name
ABBINGTON VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 265 AIRPORT RD.SO NAPLES FL 34104 US	Mailing Address C/O R.P. PROPERTY MANG 265 AIRPORT RD SO NAPLES FL 34104 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PEBBLE BEACH CIR.	3. Mailing Address PROFESSIONAL PROP. MGMT.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 235 PEBBLE BEACH CIRCLE
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34113-7654	Country COLLIER

4. FEI Number 65-0231839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
R.P. PROPERTY MANG.
265 AIRPORT RD. SO
NAPLES FL 34104

7. Name and Address of New Registered Agent
 Name: **PROFESSIONAL PROPERTY MGMT**
 Street Address (P.O. Box Number is Not Acceptable):
235 PEBBLE BEACH CIRCLE
 City: **NAPLES** FL Zip Code: **34113-7654**

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: **Robert Frank, Pres.**
ROBERT FRANK, PRES.
 (NOTE: Registered Agent signature required when reinstating) DATE: **1-10-01**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNELL, KRISTIN 240 PEBBLE BEACH CIRCLE NAPLES FL 34113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WESCHEY, BOB 252 PEBBLE BCH CIR C204 NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTTILARE, ROBERT 1808 FREDERICK AVE. MERRICK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNN BERNARD, 240 PEBBLE BEACH CIRCLE NAPLES FL 34113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SADLOWSKI, VINCENT 179 GALE AVE. MERIDEN CT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert Frank** Date: **2/9/01** Daytime Phone #

CR2E037 (10/00)