ABBINGTON VILLAGE CONDOMINUM ASSOCIATION, INC.  Procipal Place of Business  Assurance in the Control of State  O1-26-2001 90076 050 **********************************	200	1 UNIFORM BUS	INESS REPO	RŤ (UBR)	1/2		LED	0.0	
Principal Place of Business Six REPORT RISSO WATES FL. MINIM WATES FL. MINIM Six REPORT RISSO WATES FL. MINIM WATES						Feb 15, 2001 8:00 am Secretary of State			
SS APOPTIT MANO.  2. Principed Propo of Business  TERBEC BSQ = N C.R.  Solin, AD V. R.  SOL	ABBING	STON VILLAGE CONDOMINIUI	M ASSOCIATION, INC.	•		01-26-2001 900	076 050 **	**61.25	
Set Author   Set	Principal Pla	ce of Business	Mailing Address		-				
State As No.   State	NAPLES FL 34104		265 AIRPORT RD SO NAPLES FL 34104						
Coy & State NAPLES FL NAPL		PEBBLE BEOCH CIR.	GOPROFESSIONAL PROP. MEMT.						
Sh. File   Sh. Country   Sh. Country   Sh. Country   Sh. To Applicable   S				EACH CIRCLE	DO NOT WRITE IN THIS SPACE				
S. Name and Address of Current Registered Agent  E. Name and Address of Current Registered Agent  To Name and Address of Survey Registered Agent  The POPER'S IO NRL PROPERTY MAINT  R.P. PROPERTY MAING. 285 AIRPORT RD. SO  NAPLES R. 34104  S. The above a parset entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  FILE NOW: FILE SEC.25  SIGNATURE  OFFICIENS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TIME MAKE CONNELL KRISTIN  INC. SIRRI AMBRES  OCTIVIS-12-9  OTH SI-29  Added to Foes  OTH SI-29  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TIME MAKE SIRRI AMBRES  OTH SI-29  AMALES R. 34113  TIME  OTHER OFFICERS  SIRRI AMBRES  SIRRI AMBRES  SIRRI AMBRES  SIRRI AMBRES  OTH SI-29  MARKE FILE ROBERT  MARKE SIRRI AMBRES  OTH SI-29  MARKE SIRRI AMBRES  SIRRI AMBRES  OTH SI-29  MARKE SIRRI AMBRES  OTH SI					4. FEI Number 65-023 1839		<b>⊢</b>		
R.P. PROPERTY MANG. 26S AIRPORT RD. SD NAPLES FI. 34104  8. The above namped entire submitis this statement for the purposes of changing its registered office or registered agent, or both, in the state of Forida.    City NAPLES FI. 34104    City NAPLES FI. 34104   City NAPLES FI. 34104   City NAPLES FI. 34104   City NAPLES FI. 34104   City NAPLES FI. 34104   City NAPLES FI. 34104   City NAPLES FI. 34104   City NAPLES FI. 34104   City NAPLES FI. 34104   City NAPLES FI. 34104   City NAPLES FI. 34104   City NAPLES FI. 34113   City FI. 34104   City					5. Certificaté	of Status Desired			
R.P. PROPERTY MANS, 265 AIRPORT RD. SO NAPLES R. 34104  E. The above named entity submits disk statement for the purpose of changing its registered office or registered agent, or both, in the state of Porida.    City		6. Name and Address of Current	Registered Agent	- Name		Address of New Registers	d Agent		
8. The above nampel entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florids.    Colvust	265 AIRP	ORT RD. SO		Street Address	P.O. Box Number is Not Acceptable)				
SIGNATURE  Symmutry, lighted or phased nerve of implications and the implication and implication and the implication and impli	NAPLES	TL 34104		City NePa	ES.	F	L Zip Co	1e -7(-54)	
Trust Fund Contribution.   Added to Fees   Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   VP		Kohns Stank, ROBERT FRANK,	Pres.				-0/		
TITLE MAKE MAKE STREET ADDRESS CITY-ST-2P NAPLES FL 34113  TITLE NAME WESCHEY, BOB STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-2P NAPLES FL TITLE PO SOTTILARE, ROBERT STREET ADDRESS CITY-ST-2P NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NA			. •	~ <del>_</del> \	O May Be d to Fees			•	
AME SIRET ADDRESS CITY-ST-2P  NAPLES FL 34113  DT  WESCHEY, BOB SIRET ADDRESS CITY-ST-2P  TITLE  D  NUNN BERNARD, SIRET ADDRESS CITY-ST-2P  TITLE  D  NUNN BERNARD, SIRET ADDRESS CITY-ST-2P  TITLE  DS  NAPLES FL 34113  TITLE  DS  NAPLES FL 34113  TITLE  DS  SIRET ADDRESS CITY-ST-2P  TITLE  SIRET ADDRESS CITY-ST-2P  TITLE  DS  SIRET ADDRESS CITY-ST-2P  TITLE  SIRET ADDRESS CITY-ST-2P  TITLE  NAME SIRET ADDRESS CITY-ST-2P  TITLE  SIRET ADDRESS CITY-ST-2P  TITLE  SIRET ADDRESS CITY-ST-2P  TITLE  NAME SIRET ADDRESS CITY-ST-2P  CITY-ST-2P  TITLE  NAME SIRET ADDRESS CITY-ST-2P  TITLE  NAME SIRET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE  NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE  NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-2P  CITY-ST-	10.		ECTORS	11.	ADDITIONS/CH	L ANGES TO OFFICERS AND I	DIRECTORS II		
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TITLE SADLOWSKI, VINCENT  NAME SADLOWSKI, VINCENT  STREET ADDRESS CITY-ST-ZIP  MERIDEN CT  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 suppliemental 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.	name Street adoress	NUNN BERNARD, 240 PEBBLE BEACH CIRCLE	□ Delate :	NAME STREET ADDRESS	•		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 path; 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.	NAME Street address	DS SADLOWSKI, VINCENT 179 GALE AVE.	☐ Delate	NAME STREET ADDRESS	_		☐ Change	Addition	
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