

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90048 013 ****61.25

DOCUMENT # N37031

1. Entity Name

ABBINGTON VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

~~4100 CORPORATE SQUARE~~
~~105~~ *3940 Radio Rd #111*
NAPLES FL 34104
US

Mailing Address

~~4100 CORPORATE SQUARE~~
~~105~~ *3940 Radio Rd #111*
NAPLES FL 34104
US

2. Principal Place of Business

3940 Radio Rd #111
Suite, Apt. #, etc.

3. Mailing Address

3940 Radio Rd #111
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Naples, FL
Zip *34104* Country *USA*

City & State

Naples, FL
Zip *34104* Country *USA*

4. FEI Number

65-0231839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANCHOR ASSOCIATES INC
~~4100 CORPORATE SQUARE~~
~~#105~~ *3940 Radio Rd #111*
NAPLES FL 34104

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	LAPOINTE, HERMAN	
STREET ADDRESS	244 PEBBLE BEACH CIRCLE B203	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WESCHEY, BOB	
STREET ADDRESS	252 PEBBLE BCH CIR C204	
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	BALEC, EUGENE	
STREET ADDRESS	252 PEBBLE BEACH CIRCLE C104	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HUNTER, PATTY	
STREET ADDRESS	256 PEBBLE BEACH CIRCLE D103	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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

Date

Daytime Phone #