

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90220 001 ****61.25

DOCUMENT # 750189 1. Entity Name ABBEY PARK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business PO BOX 18296 WEST PALM BEACH, FL 33416			Mailing Address PO BOX 18296 WEST PALM BEACH, FL 33416		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, P.A. 500 AUSTRALIAN AVENUE SOUTH 9TH FLOOR WEST PALM BEACH, FL 33401			Name <u>CATHY L. PURVIS LIVELY, ESQ., P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6801 LAKE WORTH RD #336</u> City <u>LAKE WORTH</u> FL Zip Code <u>33467</u>		
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 <u>Cathy L. Purvis Lively</u> DATE <u>4/6/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCELWEE, WILLIAM		NAME	CLIFF HAAS	
STREET ADDRESS	1887 ABBEY RD		STREET ADDRESS	1707 Abbey Rd #2A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Michelle Walker Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWLER, DOROTHY		NAME	Michelle Walker	
STREET ADDRESS	1869 ABBEY ROAD		STREET ADDRESS	1825 Abbey Rd 8B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	Assist. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINOT, SHIRLEY		NAME	Brenda Jampetti	
STREET ADDRESS	1799 ABBEY ROAD		STREET ADDRESS	1811 Abbey Rd 32A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY, KELLY		NAME	Cecilia Edwards	
STREET ADDRESS	1891 ABBEY RD		STREET ADDRESS	1781 Abbey Rd 6B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, MICHELLE		NAME	Volni Scott	
STREET ADDRESS	1915 ABBEY RD		STREET ADDRESS	1811 Abbey Rd 1943 Abbey Rd #12B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE		<input type="checkbox"/> Delete	TITLE	Assist. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Dianne Belling	
STREET ADDRESS			STREET ADDRESS	1907 Abbey Rd #31A	
CITY-ST-ZIP			CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
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: <u>Cathy L. Purvis Lively</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5-3-04</u> Daytime Phone # <u>966-5992</u>		

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04272004 Chg-NP CR2E037 (10/03)

4. FEI Number 26-2883461 / 6503 16298 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required