

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769776 (6)
1. Corporation Name
ABBEY PARK GARDENS I CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business: **1750 ABBEY ROAD WEST PALM BEACH FL 33415 US**
Mailing Address: **1750 ABBEY ROAD WEST PALM BEACH FL 33415 US**

3. Date Incorporated or Qualified: **08/09/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0041793**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAFER, CHARLES S.
251 ROYAL PALM WAY
#302
PALM BEACH FL 33480**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAISANO, RON	
STREET ADDRESS	700 AUDOBON BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUERRIERI, JOSEPH	
STREET ADDRESS	1830 ABBEY RD J-102	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUTHERFORD, MICHELE	
STREET ADDRESS	359 EAST SHADYSIDE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GANAGONE, LARRY	
STREET ADDRESS	6351 LAKE WORTH RD, BOX 144	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ESCALADA, JOSE	
STREET ADDRESS	1790 ABBEY RD #B101	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAFER, CHARLES	
STREET ADDRESS	251 ROYAL PALM WAY #302	
CITY-ST-ZIP	PALM BEACH FL	

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maisano, Ron	
1.3 STREET ADDRESS	700 Audobon Blvd.	
1.4 CITY-ST-ZIP	Delray Beach, FL	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Guerrieri, Joseph	
2.3 STREET ADDRESS	1830 Abbey Rd. J-102	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33415	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Praet, Tracey	
3.3 STREET ADDRESS	1380 N. "L" St.	
3.4 CITY-ST-ZIP	Lake Worth, FL 33460	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ganagone, Larry	
4.3 STREET ADDRESS	1380 N. "L" Street	
4.4 CITY-ST-ZIP	Lake Worth, FL 33460	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Escalada, Jose	
5.3 STREET ADDRESS	1790 Abbey Rd. B-101	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33415	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles S. Hafer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

(407) 655-8700
Daytime Phone #

CR2E037 (12/95)