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FILED  
Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769776 (6)**  
1. Corporation Name  
**ABBEY PARK GARDENS I CONDOMINIUM ASSOCIATION, IN C.**

Principal Place of Business <b>1750 ABBEY ROAD WEST PALM BEACH FL 33415 US</b>	Mailing Address <b>1750 ABBEY ROAD WEST PALM BEACH FL 33415 US</b>
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3. Date Incorporated or Qualified  
**08/09/1983**

4. FEI Number  
**65-0041793**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MUCITELLI, CYNTHIA  
1822 ABBEY RD  
H-103  
W PALM BCH FL 33415**

10. Name and Address of New Registered Agent

81 Name <b>Mucitelli, Cynthia</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2994 Jog Road, Suite B</b>
83
84 City <b>Greenacres</b>
85 Zip Code <b>FL 33467</b>

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 Cynthia Mucitelli, President Cynthia Mucitelli, President 3/13/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANGONE, LARRY</b>	1.2 NAME	
STREET ADDRESS	<b>1380 N L ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILAK, SHIRLEY</b>	2.2 NAME	
STREET ADDRESS	<b>1822 ABBEY RD, H-103</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIAMATTI, GLENN</b>	3.2 NAME	
STREET ADDRESS	<b>1798 ABBEY RD C-104</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMART, CHERRYL</b>	4.2 NAME	
STREET ADDRESS	<b>1822 ABBEY RD H-207</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ESCALADA, JOSE</b>	5.2 NAME	<b>Tracy Gangone</b>
STREET ADDRESS	<b>1790 ABBEY RD B-101</b>	5.3 STREET ADDRESS	<b>1380 N. L. St</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	5.4 CITY-ST-ZIP	<b>Lake Worth, FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUCITELLI, CYNTHIA</b>	6.2 NAME	
STREET ADDRESS	<b>1822 ABBEY RD H-103</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	6.4 CITY-ST-ZIP	

14. 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 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: Cynthia Mucitelli, President Cynthia Mucitelli, President 3/13/98 5619640789

CP2E037 (10/97)