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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769776

1. Corporation Name

ABBEY PARK GARDENS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1750 ABBEY ROAD
WEST PALM BEACH FL 33415
US

Mailing Address

1750 ABBEY ROAD
WEST PALM BEACH FL 33415
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/09/1983

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

9. Name and Address of Current Registered Agent

MUCITELLI, CYNTHIA
2994 JOG RD SUITE B
H-103
GREENACRES FL 33467

10. Name and Address of New Registered Agent

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

Cynthia Mucitelli, President

4-1-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GANGONE, LARRY
STREET ADDRESS 1380 N L ST
CITY-ST-ZIP LAKE WORTH FL

TITLE VPD
NAME SILAK, SHIRLEY
STREET ADDRESS 1822 ABBEY RD, H-103
CITY-ST-ZIP W PALM BCH FL

TITLE S
NAME GIAMATTI, GLENN
STREET ADDRESS 1798 ABBEY RD C-104
CITY-ST-ZIP W PALM BCH FL

TITLE T
NAME SMART, CHERRYL
STREET ADDRESS 1822 ABBEY RD H-207
CITY-ST-ZIP W PALM BCH FL

TITLE D
NAME GANGONE, TRACY
STREET ADDRESS 1380 N L ST
CITY-ST-ZIP LAKE WORTH FL

TITLE PD
NAME MUCITELLI, CYNTHIA
STREET ADDRESS 1822 ABBEY RD H-103
CITY-ST-ZIP W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VPD Change Addition
2.2 NAME PEREZ, SUE
2.3 STREET ADDRESS 700 AUGUSTON BLVD
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Cynthia Mucitelli, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-9640789

004252

CR2E037-(11/98)