

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90065 024 ****61.25

DOCUMENT # 769776

1. Entity Name

ABBEY PARK GARDENS I CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

1750 ABBEY ROAD
 WEST PALM BEACH FL 33415
 US

1750 ABBEY ROAD
 WEST PALM BEACH FL 33415-5642
 US

00040011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0041793

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD**
PEREZ, SUE
 STREET ADDRESS **700 AUDUBON BLVD**
 CITY-ST-ZIP **DELRAY BCH FL 33444**

TITLE Change Addition
 NAME **T**
PEREZ, SUE
 STREET ADDRESS **700 AUDUBON BLVD**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

TITLE Change Addition
 NAME **VP**
GIAMATTI, GLENN
 STREET ADDRESS **1798 ABBEY RD C104**
 CITY-ST-ZIP **W PALM BEACH FL 33415**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **S**
GANGONE, TRACY
 STREET ADDRESS **1380 N L STREET**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE Delete
 NAME **PD**
MUCITELLI, CYNTHIA
 STREET ADDRESS **1822 ABBEY RD H-103**
 CITY-ST-ZIP **W PALM BCH FL 33415**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GLENN G. GIAMATTI** 3-25-00 561-642-1640
 Date Daytime Phone #