

4/27

FILED
May 21, 2001 8:00 am
Secretary of State

04-27-2001 90222 017 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769776

1. Entity Name

ABBEY PARK GARDENS I CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

1750 ABBEY ROAD
WEST PALM BEACH FL 33415
US

1750 ABBEY ROAD
WEST PALM BEACH FL 33415
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0041793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	D	<input type="checkbox"/> Delete
NAME	GANGONE, LARRY	
STREET ADDRESS	1380 N L ST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, SUE	
STREET ADDRESS	700 AUDUBON BLVD	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	GIAMATTI, GLENN	
STREET ADDRESS	1798 ABBEY RD C-104	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	S D	<input type="checkbox"/> Delete
NAME	GANGONE, TRACY	
STREET ADDRESS	1300 NL STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MUCITELLI, CYNTHIA	
STREET ADDRESS	1822 ABBEY RD H-103	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, SUE	
STREET ADDRESS	700 AUDUBON BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORINA SILVESTRI	
STREET ADDRESS	1750 ABBEY ROAD A-203	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sue Perez **SUE PEREZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01 **561-969-6550**

Date

Daytime Phone #

CR2E037 (10/00)