## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2004 8:00 am Secretary of State

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DOCUMENT # 769776  1. Entity Name ABBEY PARK GARDENS I CONDOMINIUM ASSOCIATION, INC.									4 90017 017		
Principal Place of Business 1750 ABBEY ROAD WEST PALM BEACH, FL 33415 US			1750 ABE	Mailing Address 1750 ABBEY ROAD WEST PALM BEACH, FL 33415				4402	diffri Oleki Oleki minis		
2. Principal P	Place of Busine	9SS	3. Mailing A	Address							
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			02162004 Ch	ng-NP	CR2E037 (10	/03)	
City & State			City & S	City & State			4. FEI Number 65-004179	3	ş	Applied For Not Applicab	ole
Zip		Country	Zip		Cou	intry	5. Certificate of Sta	atus Desired		5 Additional equired	
	6. Name a	and Address of Curre	ent Registered Aç	gent			7. Name and Add	ress of New R	legistered Agent		
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2994 JOG	T, GLENN: RD., SUITI CRES, FL 3	THE MANAGEMENT	و و المحمد المحم			(P.O. Box Number is b			sideut	Ĥ	
GREENAC	JRES, FL	33 <del>40</del> 7						<del></del>	·		_
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		submits this statemen	t for the purpose of	of changing its	registere	ed office or register	red agent, or both, in t	the State of Flo	orida. I am familia	r with, and accep	ot lc
	named entity tions of registe		it for the purpose of	of changing its	registere	ed office or register	red agent, or both, in t	the State of Flo	orida. I am familia	r with, and accep	ot
			it for the purpose of	Pre	SIDQ	ut ABE	DRY PARK GO	,	3-11-04	r with, and accep	pt
the obligat			nt for the purpose of	Pre	SIDQ		DRY PARK GO	98DONS 1	3~11~04 DATE	<u> </u>	pt
the obligat	signature typed o		maths gent and title if applicable	Pre	S/DQ/ Hegistered	ABE  Agent signature required  inancing	DRY PARK GO	76500NS 1	3-11-04	(	pt
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTING HAME OF SIGNANG OFFICER OR DIRECTOR

3-11-04...

Daytime Phone #