


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

03-24-2004 90017 017 \*\*\*\*61.25

**DOCUMENT # 769776**

1. Entity 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

**44020434**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

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  
**GIAMIATTI, GLENN**  
 2994 JOG RD., SUITE B  
 GREENACRES, FL 33467

7. Name and Address of New Registered Agent  
 Name: **GLENN GIAMATTI - PRESIDENT**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1750 ABBEY RD.**  
 City: **WEST PALM BEACH FL** Zip Code: **33415**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Glenn J. Giamatti* **PRESIDENT ABBEY PARK GARDENS 3-11-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | GANGONE, LARRY            |  |
| STREET ADDRESS | 1380 N L ST               |  |
| CITY-ST-ZIP    | LAKE WORTH, FL            |  |
| TITLE          | P                         | <input type="checkbox"/> Delete            |
| NAME           | GIAMATTI, GLENN           |  |
| STREET ADDRESS | 1798 ABBEY RD C-104       |  |
| CITY-ST-ZIP    | W PALM BCH, FL            |  |
| TITLE          | SD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | GANGONE, TRACY            |  |
| STREET ADDRESS | 1300 NL STREET            |  |
| CITY-ST-ZIP    | LAKE WORTH, FL            |  |
| TITLE          | T                         | <input checked="" type="checkbox"/> Delete |
| NAME           | SILVESTRI, TORINA         |  |
| STREET ADDRESS | 1758 ABBEY ROAD, A 203    |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33415 |  |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | JONATHAN D, COMMANDER     |  |
| STREET ADDRESS | 200 CLEARY ROAD,          |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33413 |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | DTS                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CYNTHIA MUCITELLI         |  |
| STREET ADDRESS | 1822 ABBEY ROAD           |  |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33415  |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SUZANNE MAISANO           |  |
| STREET ADDRESS | 1124 HATTERAS CIRCLE      |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33415 |  |
| TITLE          | D.V.P.                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BOBBY J. WIGGINS          |  |
| STREET ADDRESS | 1520 E. ELAINE CR,        |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33417 |  |
| 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: *Glenn J. Giamatti* **PRESIDENT 3-11-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #