

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90193 028 \*\*\*\*61.25

0037089

**DOCUMENT # 769776**

1. Entity Name  
**ABBEY PARK GARDENS I CONDOMINIUM ASSOCIATION, IN C.**



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



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0041793**      Applied For  
Not Applicable

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

~~PEREZ, SUZANNE  
2994 JOG RD, SUITE B  
GREENACRES FL 33467~~      **GLENN GIAMATTI  
PRESIDENT**

Name **SCOT GERRISH**  
Street Address (P.O. Box Number is Not Acceptable)  
**2994 Jog Road, Suite B**  
City **West Palm Beach**      FL      Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Scott A. Gerrish*      **Manager**      **April 31, 2003**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANGONE, LARRY</b>	NAME	<b>Gangone Larry</b>
STREET ADDRESS	<b>1380 N L ST</b>	STREET ADDRESS	<b>1380 NL ST</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	CITY-ST-ZIP	<b>Lake Worth</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PEREZ, SUE</del> <b>GLENN J. GIAMATTI</b>	NAME	
STREET ADDRESS	<del>700 AUBUBON BLVD</del> <b>700 AUBUBON BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<del>DELRAY BCH FL 33444</del> <b>DELRAY BCH FL 33444</b>	CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIAMATTI, GLENN</b>	NAME	<b>Giamatti Glenn</b>
STREET ADDRESS	<b>1798 ABBEY RD C-104</b>	STREET ADDRESS	<b>1798 Abbey Road C-104</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>	CITY-ST-ZIP	<b>West Palm Beach FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANGONE, TRACY</b>	NAME	
STREET ADDRESS	<b>1300 NL STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVESTRI, TORINA</b>	NAME	
STREET ADDRESS	<b>1758 ABBEY ROAD, A 203</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Gerrish Richard</b>
STREET ADDRESS		STREET ADDRESS	<b>2994 Jog Road, Suite B</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>West Palm Beach FL 33467</b>

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 Giamatti* **EQUIP PRESIDENT**      **3/20/03**

CR2E037 (10/02)