

**FILE NOW: FILING FEE IS \$61.25**

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**May 06 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N41670 (3)**

1. Corporation Name  
**PINE GLEN AT ABBEY PARK I HOMEOWNERS' ASSOCIATIO  
N, INC.**



Principal Place of Business Mailing Address  
**5197 PINE ABBEY DRIVE. S.  
WEST PALM BEACH FL 33415** **5197 PINE ABBEY DRIVE. S.  
WEST PALM BEACH FL 33415-7488**

3. Date Incorporated or Qualified **01/14/1991** 3a. Date of Last Report **08/09/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
<b>21 5180 Pine Abbey Dr. So.</b>		<b>26 Post Office Box 21524</b>		<b>65-0421857</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23 W.P.Bch., FL 33415</b>		<b>28 W.P.Bch., FL 33416</b>					
Zip	Country	Zip	Country				
<b>24 33415</b>	<b>25 USA</b>	<b>29 33416</b>	<b>30 USA</b>				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>POSNER, GARY D 11865 ROYAL PALM BLVD. APT. 104 CORAL SPRINGS FL 33065</b>				b1 Name			
				b2 Street Address (P.O. Box Number is Not Acceptable)			
				b3			
				b4 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POSNER, GARY D</b>	1.2 NAME	<b>STULL, JEWELL</b>
STREET ADDRESS	<b>11865 ROYAL PALM BLVD, APT. 104</b>	1.3 STREET ADDRESS	<b>5240 PINE ABBEY DR. SO.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33415</b>
TITLE	<del><b>X/D</b></del> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>HENRIQUES, ALINA</b></del>	2.2 NAME	<b>SPANN, MELODY</b>
STREET ADDRESS	<del><b>5025 PINE ABBEY DRIVE, SOUTH</b></del>	2.3 STREET ADDRESS	<b>5144 PINE ABBEY DR. SO.</b>
CITY-ST-ZIP	<del><b>WEST PALM BEACH FL 33415</b></del>	2.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33415</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AVENDANO, HUGO</b>	3.2 NAME	<b>ARAMBURO, JULIAN</b>
STREET ADDRESS	<b>5029 PINE ABBEY DRIVE, SOUTH</b>	3.3 STREET ADDRESS	<b>5194 GLENCOVE LANE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	3.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33415</b>
TITLE	<b>VP/D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHAGAN, BRYAN</b>	4.2 NAME	
STREET ADDRESS	<b>5195 GLENCOVE LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BCH., FL 33415</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S/D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUZNIEWSKI, MARY ELLEN</b>	5.2 NAME	
STREET ADDRESS	<b>5180 PINE ABBEY DR. SO.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33415</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

*M. Ellen Kuzniewski* **504-964-5618**

CR2E037 (9/96)