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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41670** (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**5180 PINE ABBEY DR. S.
WEST PALM BEACH FL 33415
US**

**P.O. BOX 21524
WEST PALM BEACH FL 33416
US**

3. Date Incorporated or Qualified

01/14/1991

4. FEI Number

65-0421857

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POSNER, GARY D.
11865 ROYAL PALM BLVD.
APT. 107
CORAL SPRINGS FL 33065**

81 Name **M. Ellen Kuzniewski**

82 Street Address (P.O. Box Number is Not Acceptable) **5180 Pine Abbey Dr. So.**

83

84 City **West Palm Beach** **FL** **85** Zip Code **33415**

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

[Signature]

4.31.98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **POSNER, GARY D**
STREET ADDRESS **11865 ROYAL PALM BLVD.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

1.1 TITLE **Secretary** ☐ Change ☒ Addition

1.2 NAME **M. Ellen Kuzniewski**
1.3 STREET ADDRESS **5180 Pine Abbey Dr. So.**
1.4 CITY-ST-ZIP **W. P. B. FL 33415**

TITLE **TD** ☒ DELETE

NAME **HENRIQUES, ALINA**
STREET ADDRESS **5025 PINE ABBEY DRIVE, SOUTH**
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE **Treasurer** ☐ Change ☒ Addition

2.2 NAME **Pitt A. Hamilton**
2.3 STREET ADDRESS **5171 Glencove Lane**
2.4 CITY-ST-ZIP **W. P. Bch, FL 33415**

TITLE **D/NP** ☐ DELETE

NAME **STULL, JEWELL**
STREET ADDRESS **5240 PINE ABBEY DR. S.**
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE **Director** ☐ Change ☒ Addition

3.2 NAME **Ayman OKKashe**
3.3 STREET ADDRESS **5025 Pine Abbey Dr. So.**
3.4 CITY-ST-ZIP **W. P. Bch, FL 33415**

TITLE **D** ☒ DELETE

NAME **SPANN, MELODY**
STREET ADDRESS **5144 PINE ABBEY DR. S.**
CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE **VPI D** ☒ Change ☐ Addition

4.2 NAME **Jewell Stull**
4.3 STREET ADDRESS **5240 Pine Abbey Dr. So.**
4.4 CITY-ST-ZIP **W. P. Bch, FL 33415**

TITLE **D** ☒ DELETE

NAME **ARAMURO, JULIAN**
STREET ADDRESS **5194 GLENCOVE LANE**
CITY-ST-ZIP **WEST PALM BEACH FL**

5.1 TITLE **Director** ☒ Change ☐ Addition

5.2 NAME **Bryan Phagan**
5.3 STREET ADDRESS **5194 Glencove Lane**
5.4 CITY-ST-ZIP **W P Bch, FL 33415**

TITLE **ND** ☐ DELETE

NAME **PHAGAN, BRYAN**
STREET ADDRESS **5195 GLENCOVE LANE**
CITY-ST-ZIP **WEST PALM BEACH FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE

[Signature]

4.31.98 **501-964-5618**

CR2E037 (10/97)