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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41670

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 01/14/1991

4. FEI Number: 65-0421857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KUZNIEWSKI, M ELLEN
5180 PINE ABBEY DR SO
~~BOCA RATON~~
W PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	KUZNIEWSKI, M ELLEN		1.2 NAME	Hamilton, Pitt A.	
STREET ADDRESS	5180 PINE ABBEY DR SO		1.3 STREET ADDRESS	5171 Glencove Lane	
CITY-ST-ZIP	W PALM BEACH FL 33415		1.4 CITY-ST-ZIP	West Palm Bch, FL 33415	
TITLE	T	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	HAMILTON, PITT A		2.2 NAME	Stull, Jewell	
STREET ADDRESS	5171 GLENCOVE LN		2.3 STREET ADDRESS	5240 Pine Abbey Dr. So.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		2.4 CITY-ST-ZIP	W. P. Bch, FL 33415	
TITLE	D	☒ DELETE	3.1 TITLE	D T	☐ Change ☒ Addition
NAME	OKKASHE, AYMAN		3.2 NAME	Gray, Nancy	
STREET ADDRESS	5088 PINE ABBEY DR SO		3.3 STREET ADDRESS	5044 Pine Abbey Dr. So.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		3.4 CITY-ST-ZIP	W. P. Bch, FL 33415	
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STULL, JEWELL		4.2 NAME		
STREET ADDRESS	5240 PINE ABBEY DR SO		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PHAGAN, BRYAN		5.2 NAME		
STREET ADDRESS	5195 GLENCOVE LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PHAGAN, BRYAN		6.2 NAME		
STREET ADDRESS	5195 GLENCOVE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 4.19.99 561-964-5618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Ellen Kuzniewski, Secretary