

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41670

1. Entity Name

PINE GLEN AT ABBEY PARK | HOMEOWNERS' ASSOCIATIO

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90169 002 ****61.25

Principal Place of Business

Mailing Address

5180 PINE ABBEY DR. S
 WEST PALM BEACH FL 33415

P.O. BOX 2152A
 WEST PALM BEACH FL 33411-152A

Principal Place of Business

Mailing Address

Assoc. Prop. Maint
 Suite, Apt. #, etc.
 400 S. Dixie Hwy #10

Assoc. Property Maint.
 Suite, Apt. #, etc.
 400 S. Dixie Hwy #10

City & State
 Lake Worth FL

City & State
 Lake Worth, FL

Zip
 33460

Country
 USA

Zip
 33460

Country
 USA

4. FEI Number

65-0421857

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUZNIEWSKI, M ELLEN
 5180 PINE ABBEY DR SO
 APT. 110B
 W PALM BEACH FL 33415

Name
 Associated Property Management
 (Street Address (P.O. Box Number is Not Acceptable))
 400 South Dixie Hwy, #10
 City
 Lake Worth FL Zip Code
 33460

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.

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

4/4/00
 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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	KUZNIEWSKI, M ELLEN	
STREET ADDRESS	5180 PINE ABBEY DR SO	
CITY - ST - ZIP	W PALM BEACH FL 33415	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAMILTON, PITT A	
STREET ADDRESS	5171 GLENCOVE LN	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GRAY, NANCY	
STREET ADDRESS	5064 PINE ABBEY DR. SO.	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STULL, JEWELL	
STREET ADDRESS	5240 PINE ABBEY DR SO	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHAGAN, BRYAN	
STREET ADDRESS	5195 GLENCOVE LN	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mmyes, Debra	
STREET ADDRESS	5164 Pine Abbey Drive South	
CITY - ST - ZIP	WPP, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nichols, Dale	
STREET ADDRESS	5889 Lincoln Circle West	
CITY - ST - ZIP	Lake Worth, FL	
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 reports 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: *[Signature]* SIGNATURE REQUIRED *5/26/2000* Date *561-588-7210* Daytime Phone #

CR2E037 (9/99)