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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

21 5180 Pine Abbey Dr. So.
Suite, Apt. #, etc.

26 Post Office Box 21524
Suite, Apt. #, etc.

22 City & State

27 City & State

23 W.P.Bch., FL 33415
Zip Country

28 W.P.Bch., FL 33416
Zip Country

24 33415

25 USA

29 33416

30 USA

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POSNER, GARY D
11865 ROYAL PALM BLVD.
APT. 104
CORAL SPRINGS FL 33065

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

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
NAME POSNER, GARY D
STREET ADDRESS 11865 ROYAL PALM BLVD., APT. 104
CITY-ST-ZIP CORAL SPRINGS FL 33065

1.1 TITLE D
1.2 NAME STULL, JEWELL
1.3 STREET ADDRESS 5240 PINE ABBEY DR. SO.
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE ~~XSD~~ T/D
NAME HENRIQUES, ALINA
STREET ADDRESS 5025 PINE ABBEY DRIVE, SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33415

2.1 TITLE D
2.2 NAME SPANN, MELODY
2.3 STREET ADDRESS 5144 PINE ABBEY DR. SO.
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE TD
NAME AVENDANO, HUGO
STREET ADDRESS 5029 PINE ABBEY DRIVE, SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33415

3.1 TITLE D
3.2 NAME ARAMBURO, JULIAN
3.3 STREET ADDRESS 5194 GLENCOVE LANE
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE VP/D
NAME PHAGAN, BRYAN
STREET ADDRESS 5195 GLENCOVE LANE
CITY-ST-ZIP WEST PALM BCH., FL 33415

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S/D
NAME KUZNIEWSKI, MARY ELLEN
STREET ADDRESS 5180 PINE ABBEY DR. SO.
CITY-ST-ZIP WEST PALM BEACH, FL 33415

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (9/96)

501-964-5618