

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90099 025 \*\*\*\*61.25

|                                                 |                                                                                   |                                                                                                                               |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # N41670**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



|                                |                        |                                                                                          |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified                                                        |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 01/14/1991                                                                               |
| 22 City & State                | 27 City & State        | 4. FEI Number                                                                            |
| 23 Zip                         | 28 Zip                 | 65-0421857                                                                               |
| 24 Country                     | 29 Country             | Applied For                                                                              |
|                                |                        | Not Applicable                                                                           |
|                                |                        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|                                |                        | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |
|                                |                        | Trust Fund Contribution <input type="checkbox"/>                                         |

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

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

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                      | S <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> DELETE          | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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                                       |                                                                                  |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Ellen Kuzniewski, Secretary

Date

Daytime Phone #

4-19-99

561-9645618

CR2E037 (11/98)