## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **N41670** May 08, 2000 8:00 am Secretary of State 1. Entity Name PINE GLEN AT ABBEY PARK I HOMEOWNERS' ASSOCIATIO 05-08-2000 90169 002 \*\*\*\*61.25 Principal Place of Business Mailing Address Mailing Address Principal Place of Business #10 DO NOT WRITE IN THIS SPACE Suite, Apt. #. et Applied For 4. FEI Number 65-0421857 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mangement 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 9. Election Campaign Financing Make Check Pavable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME KUZNIEWSKI, M ELLEN STREET ADDRESS STREET ADDRESS 5180 PINE ABBEY DR SO CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33415 ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME HAMILTON, PITT A STREET ADDRESS STREET ADDRESS 5171 GLENCOVE LN CITY-ST-ZIP CITY-ST-ZIP" -WEST PALM BEACH FL 33415 Change TITLE ☐ Addition TITI F DT Delete 🗘 myes, Debra NAME GRAY, NANCY STREET ADDRESS STREET ADDRESS 5164 Pine Abbey Drive South 5064 PINE ABBEY DR. SO. CITY-ST-ZIP CITY-ST-7IF WEST PALM BEACH FL 33415 ☐ Change ☐ Addition TITLE **VPD** <del>D</del>elete NAME NAME STULL, JEWELL STREET ADDRESS STREET ADDRESS 5240 PINE ABBEY DR SO CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Change Addition TITLE TITLE Delete tichols, Dale NAME NAME PHAGAN, BRYAN STREET ADDRESS 5889 Lincoln Circle West STREET ADDRESS 5195 GLENCOVE LN CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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 these employees to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with all other like empowered.

NO TYPEO OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE: