

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90343 012 \*\*\*\*61.25

**DOCUMENT # N41670**

1. Entity Name

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

Principal Place of Business

Mailing Address

~~ASSOC. PROP. MGT~~  
~~400 S DIXIE HWY 10~~  
~~LAKE WORTH FL 33460~~  
~~US~~

~~ASSOC. PROP. MGT~~  
~~400 S DIXIE HWY 10~~  
~~LAKE WORTH FL 33460~~  
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**Phoenix Management**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3082 Jog Road**

City & State

City & State

**Lake Worth, FL 33467**

Zip

Zip

**33467**

**Palm Beach**

Country

4. FEI Number

**65-0421857**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHOENIX MANAGEMENT  
 3082 JOG ROAD  
 LAKE WORTH FL 33467**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**David C. Rosenthal** **4.15.02**

**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 ☐ Delete  
 NAME **S**  
 STREET ADDRESS **KUZNIEWSKI, M ELLEN**  
 CITY-ST-ZIP **5180 PINE ABBEY DR SO**  
**W PALM BEACH FL 33415**

TITLE ☒ Change ☐ Addition  
 NAME **ST**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **HAMILTON, PITT A**  
 CITY-ST-ZIP **5171 GLENCOVE LN**  
**WEST PALM BEACH FL 33415**

TITLE ☒ Change ☐ Addition  
 NAME **PD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **VD**  
 STREET ADDRESS **MAYES, DEBRA**  
 CITY-ST-ZIP **5164 PINE ABBEY DR S**  
**WEST PALM BEACH FL**

TITLE ☐ Change ☒ Addition  
 NAME **VR**  
 STREET ADDRESS **OKKashe Ayman**  
 CITY-ST-ZIP **5088 Pine Abbey Drive So**  
**West Palm Beach, FL 33415**

TITLE ☒ Delete  
 NAME **TD**  
 STREET ADDRESS **NICHOLAS, DALE**  
 CITY-ST-ZIP **3889 LINCOLN CIR WEST**  
**LAKE WORTH FL**

TITLE ☐ Change ☒ Addition  
 NAME **Director**  
 STREET ADDRESS **Frank Britton**  
 CITY-ST-ZIP **5137 Pine Abbey Dr. So.**  
**West Palm Beach, FL 33415**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED HAMILTON**

**4/10/02**

**561-263-0034**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)