
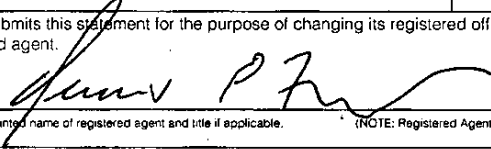



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90048 042 ****66.25

DOCUMENT # N41670 1. Entity Name PINE GLEN AT ABBEY PARK I HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5180 PINE ABBEY DR. SO. WEST PALM BEACH, FL 33415 US			Mailing Address PHOENIX MANAGEMENT P.O. BOX 18768 WEST PALM BEACH, FL 33416 US		
2. Principal Place of Business Suite, Apt. #, etc. 5167 Glencove Lane City & State WEST PALM BEACH FL Zip 33415 Country USA		3. Mailing Address 40 Dennis P. Flynn, CPA, PA Suite, Apt. #, etc. 3898 Via Poinciana #13 City & State LAKE WORTH FL Zip 33467 Country FL		40054909 	
4. FEI Number 65-0421857				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent KUZNIEWSKI, M. ELLEN 5180 PINE ABBEY DR. SO. WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name DENNIS P. FLYNN, CPA Street Address (P.O. Box Number is Not Acceptable) 3898 VIA POINCIANA, SUITE 13 City LAKE WORTH FL Zip Code 33467		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3/17/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRASER, IWAN 5167 GLENCOVE LANE W PALM BEACH, FL 33415	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PERNELL, RENEE 5109 PINE ABBEY DR. SO. WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORDARO, ANA 5125 PINE ABBEY DR. SO. WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUZNIEWSKI, M. ELLEN 5180 PINE ABBEY DR. SO. WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMILTON, PITT 5171 GLENCOVE LANE WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
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:  IWAN FRASER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/8/05 Daytime Phone #	