

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90007 039 \*\*\*\*61.25

<b>DOCUMENT # N41670</b>			
1. Entity Name <b>PINE GLEN AT ABBEY PARK I HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <del>5167 GLENCOVE LANE</del> <b>WEST PALM BEACH, FL 33415 US</b>		Mailing Address <b>C/O DENNIS P FLYNN CPA P A</b> <b>3898 VIA POINCIANA #13</b> <b>LAKE WORTH, FL 33467 US</b>	
2. Principal Place of Business <b>5124 Pine Abbey Dr S</b>		3. Mailing Address <b>P.O. Box 18768</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>	
Zip <b>33415</b>		Zip <b>33416</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>65-0421857</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FLYNN, DENNIS P CPA</b> <b>3898 VIA POINCIANA #13</b> <b>LAKE WORTH, FL 33467</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		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 WPALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Maria Ximena Velazquez 5124 Pine Abbey Dr S W. Palm Beach FL 33415 <input type="checkbox"/> Change <input checked="" 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	S HAMILTON, PITT 5171 GLENCOVE LANE WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S M. ELLIEN KUZNIEWSKI 5180 Pine Abbey Dr S. W. Palm Beach FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Nancy Gray 5064 Pine Abbey Dr S. W. Palm Beach FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 IHS empowered.			
SIGNATURE: <i>Maria Ximena Velazquez</i> (President)		Date: <i>4/18/6</i>	
Signature and typed or printed name of signing officer or director <i>Maria Ximena Velazquez</i>		Daytime Phone #	

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