


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90204 018 \*\*\*\*61.25

<b>DOCUMENT # N41670</b> 1. Entity Name <b>PINE GLEN AT ABBEY PARK   HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5124 PINE ABBEY DR SOUTH WEST PALM BEACH FL 33415 US</b>			Mailing Address <b>PO BOX 18768 WEST PALM BEACH FL 33416 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>FLYNN, DENNIS P CPA 3898 VIA POINCIANA #13 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <del>VELOQUEZ, MARIA X</del> 5124 PINE ABBEY DR SOUTH WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Velazquez, Maria X <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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Archie Schumier <input type="checkbox"/> Change <input type="checkbox"/> Addition 5176 Pine Abbey Drive South West Palm Beach Fla. 33415	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <del>GORDARO, ANA</del> 5125 PINE ABBEY DR. SO. WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Ana Cordero <input type="checkbox"/> Change <input type="checkbox"/> Addition 5124 Pine Abbey Dr S West Palm Beach, FL 33415	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S <del>KUENIEWSKI, ELLEN M</del> 5180 PINE ABBEY DR SOUTH WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	KUZNIEWSKI, M. ELLEN <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GRAY, NANCY 5064 PINE ABBEY DR SOUTH 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	<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 Section 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 like empowered.					
SIGNATURE: <u>Maria Ximena Velazquez</u> <u>Maria Ximena Velazquez</u> 4/19/7 561-431-9230 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					