


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90030 027 ****61.25

DOCUMENT # N41670 1. Entity Name PINE GLEN AT ABBEY PARK I HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5124 PINE ABBEY DR SOUTH WEST PALM BEACH, FL 33415 US			Mailing Address PO BOX 18768 WEST PALM BEACH, FL 33416 US		
2. Principal Place of Business - No P.O. Box # 5138 Glencove Lane		3. Mailing Address Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State		4. FEI Number 65-0421857	
Zip 33415		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLYNN, DENNIS P CPA 3898 VIA POINCIANA #13 LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name Ycend, Castaneda & Flynn, LLP Street Address (P.O. Box Number is Not Acceptable) 1109 South Congress Ave. City West Palm Beach FL Zip Code 33406	
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 Dennis Flynn, CPA <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	P VELAZQUEZ, MARIA X 5124 PINE ABBEY DR SOUTH WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chris A. Smith 5138 Glencove Lane West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHUMER, ARCHIE 5176 PINE ABBEY DR S WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Charles Lec 5149 Pine Abbey Drive West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORDERO, ANA 5124 PINE ABBEY DR S WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Yvonne Rivera 5145 Pine Abbey Drive West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUZNIEWSKI, M. ELLEN 5180 PINE ABBEY DR SOUTH WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Deloris Stewart 5147 Glencove Lane West Palm Beach, FL 33415	<input checked="" 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	D Ana Tirado 5060 Pine Abbey Drive West Palm Beach, FL 33415	<input type="checkbox"/> Change <input checked="" 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 <input type="checkbox"/> Addition	<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 like empowered.					
SIGNATURE: Chris A. Smith <i>Chris A. Smith</i> 7/21/08 561-644-4128 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					