

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N41670

**Entity Name:** PINE GLEN AT ABBEY PARK I HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**May 11, 2023**  
**Secretary of State**  
**9458498637CC**

**Current Principal Place of Business:**

C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467 US

**FEI Number: 65-0421857**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOUTH FLORIDA LAW, PPLC  
1920 E HALLANDALE  
BEACH BLVD SUITE 702  
HALLANDALE, FL 33009 US

*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: PATRICIA MENDOZA**

**05/11/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           YACHEL, ROSE  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title           SECRETARY  
Name           POWELL, DORIANNE  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title           PRESIDENT  
Name           MENDOZA, PATRICIA  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title           VP  
Name           MILTON , RICHARD  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title           SECRETARY  
Name           POWELL, DORIANNE  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title           DIRECTOR  
Name           CLIFFORD, SERENE  
Address        DAVENPORT PROPERTY  
                  6620 LAKE WORTH RD SUITE F  
City-State-Zip: LAKE WORTH FL 33467

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIA MENDOZA**

**PRESIDENT**

**05/11/2023**

