


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 750189

1. Entity Name
ABBAY PARK HOMEOWNERS' ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 14 PM 12: 27

Principal Place of Business PO BOX 18296 WEST PALM BEACH, FL 33416	Mailing Address PO BOX 18296 WEST PALM BEACH, FL 33416
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2. Principal Place of Business 1849 ABBEY ROAD #	3. Mailing Address P.O. BOX 5509
Suite, Apt. #, etc. 14A	Suite, Apt. #, etc.

10302006 Chg-NP CR2E037 (4/06)

City & State West Palm Beach, FL	City & State LAKE WORTH, FL
Zip 33405	Country USA
Zip 33466	Country USA

4. FEI Number 65-0316298	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

PURVIS LIVELY, CATHY L PA
6801 LAKE WORTH RD #336
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name
EDWARD DICKER OF DICKER, KRIVOKRISTOFF

Street Address (P.O. Box Number is Not Acceptable)
1818 AUSTRALIAN AVE. SOUTH

SUITE 400

City **WEST PALM BEACH** FL Zip Code **33409**

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 *Edward Dicker of Dicker, Krivokristoff* 11/3/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Amended AR is \$61.25	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 P	NAME WALKER, MICHELLE STREET ADDRESS 1825 ABBEY ROAD 8B CITY-ST-ZIP WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME SINOT, WAYNE STREET ADDRESS 1849 ABBEY ROAD 14A CITY-ST-ZIP WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME JIAMPETLI, BRENDA STREET ADDRESS 1303 BERKSHIRE DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME MCELWEE, WILLIAM STREET ADDRESS 1887 ABBEY ROAD 23A CITY-ST-ZIP WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME HANNAH, SARAH STREET ADDRESS 1883 ABBEY ROAD 22A CITY-ST-ZIP WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

600081771356
11/14/06--01088--027 **\$61.25

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: *Brenda Jiampetti* 11/7/06 561-434-8589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #