


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90143 009 ****61.25

DOCUMENT # 769776					
1. Entity Name ABBEY PARK GARDENS I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1750 ABBEY ROAD WEST PALM BEACH, FL 33415 US			Mailing Address 1750 ABBEY ROAD WEST PALM BEACH, FL 33415 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0041793	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GAMIATTI, GLENN 1750 ABBEY RD. WEST PALM BEACH, FL 33415			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 DS NAME KROLAIC, MARGARET STREET ADDRESS 1806 ABBEY ROAD, D105 CITY-ST-ZIP WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete		TITLE DEDLAIC, MARGARET NAME 1806 ABBEY ROAD D105 STREET ADDRESS W.P.B., FL 33415 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME GAMIATTI, GLENN STREET ADDRESS 1798 ABBEY RD C-104 CITY-ST-ZIP W PALM BCH, FL	<input type="checkbox"/> Delete		TITLE DVP NAME COMMANDER, JONATHAN STREET ADDRESS 200 CLEARLY ROAD CITY-ST-ZIP W.P.B., FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MATSOUKAS, DEMETRIOS STREET ADDRESS 168 ISLE VERDE WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		TITLE DS NAME SILVESTRI, BARBARA STREET ADDRESS 1798 ABBEY ROAD A201 CITY-ST-ZIP W.P.B., FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DVP NAME WIGGINS, BOBBY J STREET ADDRESS 1520 E. ELAINE CR. CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE DT NAME MATSOUKAS, DEMETRIOS STREET ADDRESS 168 ISLE VERDE WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COMMANDER, JONATHAN D STREET ADDRESS 200 CLEARLY ROAD CITY-ST-ZIP WEST PALM BEACH, FL 33413	<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	<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 like empowered.					
SIGNATURE: <i>Margaret M. Krolaic</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	