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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47706 (9) 1. Corporation Name ABBEY PARK TOWNHOUSE PROPERTIES HOMEOWNER'S ASSO C. INC.			
Principal Place of Business P.O. BOX 18296 WEST PALM BEACH FL 33416		Mailing Address P.O. BOX 18296 WEST PALM BEACH FL 33416-8296	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 03/05/1992		3a. Date of Last Report 02/19/1996	
4. FEI Number 65-0316298		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WELCH, CYNTHIA A. 1861 ABBEY ROAD WEST PALM BEACH FL 33415		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <u>Cynthia A. Welch</u> 2.24.97 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WELCH, CYNTHIA A.	1.1 TITLE	1.2 NAME
STREET ADDRESS 1861 ABBEY ROAD	CITY-ST-ZIP WEST PALM BEACH FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE SD	NAME SINOT, WAYNE J.	2.1 TITLE	2.2 NAME
STREET ADDRESS 1849 ABBEY ROAD	CITY-ST-ZIP WEST PALM BEACH FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE SD	NAME SINOT, LILLIAN	3.1 TITLE	3.2 NAME
STREET ADDRESS 1781 ABBEY ROAD	CITY-ST-ZIP WEST PALM BEACH FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE TD	NAME FINNAN, HILDA	4.1 TITLE	4.2 NAME
STREET ADDRESS 1829 ABBEY ROAD	CITY-ST-ZIP WEST PALM BEACH FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE TD	NAME BROADWAY, GARY	5.1 TITLE	5.2 NAME
STREET ADDRESS 1889 ABBEY RD	CITY-ST-ZIP WEST PALM BEACH FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE M	NAME FINNAN, HILDA	6.1 TITLE	6.2 NAME
STREET ADDRESS 1829 ABBEY RD.	CITY-ST-ZIP W. PALM BCH. FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.		15. SIGNATURE: <u>Cynthia A. Welch</u> 1-13-97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	



CFR2E037 (9/96)