**FILED** 

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## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 768981**

1. Corporation Name

## ABERDEEN PROPERTY OWNERS ASSOCIATION, INC.

				•			
Principal Place of Business Mailing Address			· -				
% CMD MANAGEMENT 3082 JOG RD LAKE WORTH FL 33467 US		% CMD MANAGEMENT 3082 JOG RD LAKE WORTH FL 33467 US:					
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualified		
21		26			06/17/1983	<del></del>	
Suite, Apt. #, etc Suite, Apt. #, etc			ست ریست در در در		-4. FEI Number	<u> </u>	olled For
22 27					59-2324875		Applicable
City & State City & State					5. Certifcate of Status Desired	\$8.75 A	
23 28			Country				·
Zip					6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	-
24	25   29   30   9. Name and Address of Current Registered Agent				10. Name and Address of New Registered		71 003
	5. Name and Address of Current	vedisteren waerr	81	Name	to Hambana Addies of Host Hagisterion	. 194111	
						· · · · · ·	-
ROSENTHAL, DAVID C.				Street Add	ress (P.O. Box Number is Not Acceptable)		
% CMD MANAGEMENT INC							
3082 JOG ROAD			84			<del></del>	
LAKE WORTH FL 33467				City	FL	85 Zip C	ode
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent	signature require	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	FU . — — — — — — — — — — — — — — — — — —		1.1 TITLE			Change	☐ Addition
NAME	KAPLAN, JOSEPH		1.2 NAME				
STREET ADDRESS	8336 WATERLINE DRIVE #104			ADDRES\$			
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP				TAIRE.
TITLE	TD DELETE		2.1 TΠLE			☐ Change	☐ Addition
NAME	Levine, ellis		2.2 NAME				ſ
- STREET ADDRESS	8246_MOORING.CR	Appropriate the second	2.3 STREET		الارواء ويخالدون المستحيدون فللمسالية والمسترمين أأريب أب	and the second	
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	VD	☐ DELETE	3.1 TITLE			□ cuange	
NAME	KESSLER, STANLEY		3.2 NAME	2			İ
STREET ADDRESS	7940 DORCHESTER RD.		3.3 STREET	,	•		[
CITY-ST-ZIP	BOYNTON FL	☐ DELETE	3.4. CITY-S	T-ZIP		Change	Addition
TITLE	SD ANTERON AUDREN	□ vere ie	4.1 TITLE 4.2 NAME	- 1			
NAME	GLANZBERGH, AUDREY			ADDDECC			Ì
STREET ADDRESS	SO IT I MINIMALIN ON E		4.3 STREET	l			
CITY-ST-ZIP	-		4.4 CITY-ST 5.1 TITLE	-2112		☐ Change	Addition
TITLE		- OCC. 12	5.1 MAME				
NAME ethert appress		,	5.3 STREET	ADORESS			

14. I 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 suppliemental 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

HOSPECTOR DESIGNATION OF THE PROPERTY OF THE P

☐ DELETE

3/19/99

561-734-8272 Daytime Phone #

☐ Change

☐ Addition