

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768981

1. Entity Name

ABERDEEN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

% CMD MANAGEMENT
3082 JOG RD
LAKE WORTH FL 33467
US

Mailing Address

% CMD MANAGEMENT
3082 JOG RD
LAKE WORTH FL 33467-2053
US

2. Principal Place of Business

PHOENIX Management Services INC

Suite, Apt. #, etc.

3082 JOG RD

City & State

Lake Worth, FL

Zip

33467

Country

Palm Beach

3. Mailing Address

PHOENIX MANAGEMENT SERVICES, INC

Suite, Apt. #, etc.

3082 JOG RD

City & State

Lake Worth, FL

Zip

33467

Country

Palm Beach

6. Name and Address of Current Registered Agent

ROSENTHAL, DAVID C.
% CMD MANAGEMENT INC
3082 JOG ROAD
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name: PHOENIX MANAGEMENT SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)

3082 JOG RD

City

LAKE WORTH

FL

Zip Code

33467

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.

SIGNATURE: GABE HERNANDEZ

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, JOSEPH	
STREET ADDRESS	8336 WATERLINE DRIVE #104	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, ELLIS	
STREET ADDRESS	8246 MOORING CR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KESSLER, STANLEY	
STREET ADDRESS	7940 DORCHESTER RD.	
CITY-ST-ZIP	BOYNTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLANZBERGH, AUDREY	
STREET ADDRESS	5514 PARKWALK CR E	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kessler, Stanley	
STREET ADDRESS	7940 DORCHESTER RD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33467	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, MICHAEL	
STREET ADDRESS	8482 WYSHIRE CT	
CITY-ST-ZIP	BOYNTON BEACH, FL 33467	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISS, SALLY	
STREET ADDRESS	8860 SHOAL CREEK LN	
CITY-ST-ZIP	BOYNTON BEACH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY E KESSLER

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90029 002 ****61.95

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2324875 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2ED37 19/99

RECEIVED
APR 15 2000

4-13-00 561732 0065