


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90185 006 ****61.25

DOCUMENT # 768981 1. Entity Name ABERDEEN PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CAMPBELL PROPERTY MANAGEMENT 3918 VIA POINCIANA STE 9 LAKE WORTH, FL 33467 US			Mailing Address C/O CAMPBELL PROPERTY MANAGEMENT 3918 VIA POINCIANA STE 9 LAKE WORTH, FL 33467 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2324875	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ST JOHN, CORE, FIORE & LEMME, PA 1601 FORUM PLACE SUITE 701 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUCHS, MICHAEL		NAME		
STREET ADDRESS	8482 ARYSHIRE CT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROIFF, HERBERT		NAME		
STREET ADDRESS	7290 LECHALET BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHILLING, JACK		NAME		
STREET ADDRESS	7371 HEARTHSTONE AVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECKSTEIN, ROBERT		NAME		
STREET ADDRESS	5863 PARKWALK CIRCLE W.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					