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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768982 (1)

1. Corporation Name
THE LANDINGS AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business CUSTOM PROPERTY MANAGEMENT, INC 2328 S CONGRESS AVE S2A W PALM BCH FL 33406 US	Mailing Address CUSTOM PROPERTY MANAGEMENT, INC. 2328 S CONGRESS AVE S2A W PALM BCH FL 33406 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified 06/17/1983	3a. Date of Last Report 03/29/1994
4. FEI Number 59-2324874	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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

**SCHWIND, GEORGE
C/O JOHN KING
500 AUSTRALIAN AE S
W. PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the 3 applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSBAUM, SIDNEY	1.2 NAME	
STREET ADDRESS	5689 PARKWALK CIR. E.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONIGER, SAMUEL	2.2 NAME	
STREET ADDRESS	5713 PARKWALK CIR E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, ELI	3.2 NAME	
STREET ADDRESS	5874 OAKWALK CIR CE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODKIN, LEON	4.2 NAME	
STREET ADDRESS	5570 PARKWALK CIR. E.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANISTER, ROBERT	5.2 NAME	
STREET ADDRESS	5694 PARKWALK CIR E	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, CAROL	6.2 NAME	
STREET ADDRESS	5562 PARKWALK CIR E	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached report with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR _____ (Date) (Signature (If new)) _____