

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-10-2004 90474 044 ****61.25

66425657



| | | | | | |
|---|---------|---|--|--|--|
| DOCUMENT # 768982 | | | | | |
| 1. Entity Name THE LANDINGS AT ABERDEEN HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business CAMPBELL PROPERTY MGMT. 3918 VIA POINCIANA DR. #9 LAKE WORTH, FL 33467 US | | | Mailing Address CAMPBELL PROPERTY MGMT. 3918 VIA POINCIANA DR. #9 LAKE WORTH, FL 33467 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2324874 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ST. JOHN, CORE, FIORE & LEMME, P.A. CENTURION-TOWER-STE-701 1601 FORUM PLACE WEST PALM BEACH, FL 33401 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 | PD | THAW, JOEL <i>President</i> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | STREET ADDRESS | | NAME | |
| STREET ADDRESS | | 5276 PARKWALK CIRCLE EAST | | STREET ADDRESS | |
| CITY-ST-ZIP | | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | |
| TITLE | D | DONIGER, SAM | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | STREET ADDRESS | | NAME | |
| STREET ADDRESS | | 5713 PARKWALK CR. E | | STREET ADDRESS | |
| CITY-ST-ZIP | | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | |
| TITLE | SD | LOSHK, RUTH <i>Secretary</i> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | STREET ADDRESS | | NAME | |
| STREET ADDRESS | | 5543 PARKWALK CIRCLE EAST | | STREET ADDRESS | |
| CITY-ST-ZIP | | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | |
| TITLE | TD | BAZER, ALEXANDER | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | STREET ADDRESS | | NAME | |
| STREET ADDRESS | | 5530 PARKWALK CIRCLE EAST | | STREET ADDRESS | |
| CITY-ST-ZIP | | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | |
| TITLE | | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | | NAME | MEL LASNER <i>VP President</i> |
| STREET ADDRESS | | | | STREET ADDRESS | 5719 PARKWALK CIR EAST |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | BOYNTON BCH FL 33437 |
| 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)(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: <i>Alexander Bazer</i> ALEXANDER BAZER 5.6.04 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |

Attachment
106425657
768982

THE LANDINGS AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.

**C/O Campbell Property Management
3918 Via Poinciana Drive, Suite 9
Lake Worth, FL 33467
Phone 9561) 432-2703 Fax (561) 432-2181**

May 27, 2004

Florida Department of State
P. O. Box 1500
Tallahassee, FL 32302-1500

Subject: The Landings at Aberdeen Homeowners Association, Inc.

Reference Number: 768982

Gentlemen:

Thank you for bringing to my attention the omission of the officer/director titles. The following is the list of the current Board of Directors and their title:

Joel Thaw, President
5276 Parkwalk Circle East
Boynton Beach, FL 33437

Mel Lasner, Vice-President
5719 Parkwalk Circle East
Boynton Beach, FL 33437

Ruth Loshak, Secretary
5543 Parkwalk Circle East
Boynton Beach, FL 33437

Alex Bazer, Treasurer
5530 Parkwalk Circle East
Boynton Beach, FL 33437

Should you require further information, please do not hesitate to call me.

Sincerely,


Lori Knight
For the Board of Directors

Cc: FL Annual Report