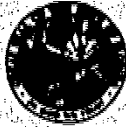


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04425 (7)

1. Corporation Name

**THE SHORES AT ABERDEEN EAST HOMEOWNERS ASSOCIATI
ON, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**3082 JOG RD
%CMD MANAGEMENT
LAKE WORTH FL 33467-2053**
**2328 S. CONGRESS AVE.
SUITE 2A
W. PALM BEACH FL 33408
US**

3. Date Incorporated or Qualified **07/30/1984** 3a. Date of Last Report **04/14/1994**
4. FEI Number **59-2454254** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **2328 S Congress Ave** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **2A** 27
City & State City & State
23 **WEST PALM BCH, FL** 28
Zip Country Zip Country
24 **33406** 25 29 30

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under §. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RICH, MICHAEL
2328 S. CONGRESS AVENUE, SUITE 2A
%CMD MANAGEMENT, INC.
W. PALM BEACH FL 33408**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUST, ART
STREET ADDRESS	5839 PARKWALK CIR W. BOYNTON BEACH FL
CITY - ST - ZIP	
TITLE	D
NAME	HOLLANDER, BERNARD
STREET ADDRESS	5785 PARKWALK CIR W BOYNTON BEACH FL
CITY - ST - ZIP	
TITLE	V
NAME	HOFFMAN, GEORGE
STREET ADDRESS	5850 PARKWALK CIR. W. BOYNTON BEACH FL
CITY - ST - ZIP	
TITLE	D
NAME	WENDEROTH, BILL
STREET ADDRESS	5834 PARKWALK CIR. W. BOYNTON BEACH FL
CITY - ST - ZIP	
TITLE	P
NAME	ZOBAL, DORIS
STREET ADDRESS	5915 PARKWALK CIR. W. BOYNTON BEACH FL
CITY - ST - ZIP	
TITLE	S
NAME	ROSS, BILL
STREET ADDRESS	5880 PARKWALK CIR. W. BOYNTON BEACH FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICK, ROBERT
3.3 STREET ADDRESS	5843 PARKWALK CIR W BOYNTON BCH, FL
3.4 CITY - ST - ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KREUTZER, ART
4.3 STREET ADDRESS	5871 PARKWALK CIR W BOYNTON BCH, FL
4.4 CITY - ST - ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MYERS, HOWARD
5.3 STREET ADDRESS	5911 PARKWALK CIR W BOYNTON BCH, FL
5.4 CITY - ST - ZIP	
6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Ross **WILLIAM ROSS PRES 4/21/95 735 0501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Issue #