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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N04425** **(7)**

1. Corporation Name

THE SHORES AT ABERDEEN EAST HOMEOWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
C/O CDM MANAGEMENT, INC. 3082 JOG ROAD LAKE WORTH FL 33467 US	C/O CDM MANAGEMENT, INC. 3082 JOG ROAD LAKE WORTH FL 33467-2053 US

3. Date Incorporated or Qualified: **07/30/1984**
3a. Date of Last Report: **06/06/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2454254** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSENTHAL, DAVID
C/O CDM MANAGEMENT, INC.
3082 JOG ROAD
LAKE WORTH FL 33467

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE David C. Rosenthal 1/30/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	STEIN, SANDY MR.		1.2 NAME	Howard Meyers	
STREET ADDRESS	5930 PARKWALK CIRCLE WEST		1.3 STREET ADDRESS	5911 Parkwalk Circle West	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ROSS, BILL		2.2 NAME	Sidney Zuckoff	
STREET ADDRESS	5890 PARKWALK CIRCLE WEST		2.3 STREET ADDRESS	5958 Parkwalk Circle West	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	FEUERDTEIN, SHELDON		3.2 NAME	Arlene Libowitz	
STREET ADDRESS	5793 PARKWALK CIRCLE WEST		3.3 STREET ADDRESS	5798 Parkwalk Circle West	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		3.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KAVAZANJIAN, LAURA		4.2 NAME		
STREET ADDRESS	5754 PARKWALK CIRCLE WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ZOBAL, DORIS		5.2 NAME		
STREET ADDRESS	5915 PARKWALK CIRCLE WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GUST, ART		6.2 NAME		
STREET ADDRESS	5939 PARKWALK CIRCLE WEST		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Sanford Stein SIGNATURE REQUIRED 3/12/97 561 738 9576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044075