

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04425 (7)
 1. Corporation Name
THE SHORES AT ABERDEEN EAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O CDM MANAGEMENT, INC. 3082 JOG ROAD LAKE WORTH FL 33467 US	Mailing Address C/O CDM MANAGEMENT, INC. 3082 JOG ROAD LAKE WORTH FL 33467 US
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3. Date Incorporated or Qualified 07/30/1984	
4. FEI Number 59-2454254	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	STEIN, SANDY MR.	
STREET ADDRESS	5930 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	<input type="checkbox"/>
NAME	ROSS, BILL	
STREET ADDRESS	5890 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	FD PT	<input type="checkbox"/>
NAME	FEUERSTEIN, SHELDON	
STREET ADDRESS	5793 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	SD	<input type="checkbox"/>
NAME	KAVAZANJIAN, LAURA	
STREET ADDRESS	5754 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/>
NAME	ZOBAL, DORIS	
STREET ADDRESS	5915 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/>
NAME	GUST, ART	
STREET ADDRESS	5939 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	ARLENE L. BOWITZ		
1.3 STREET ADDRESS	5798 PARKWALK CIRCLE WEST		
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
2.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	SIDNEY ZUCKOFF		
2.3 STREET ADDRESS	5958 PARKWALK CIRCLE WEST		
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
3.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	HOWARD MYERS		
3.3 STREET ADDRESS	5911 PARKWALK CIRCLE WEST		
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* 4/6/98

CR2E037 (10/97)