

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State

04-24-2000 90137 003 ****61.25

DOCUMENT # N04425

1. Entity Name

THE SHORES AT ABERDEEN EAST HOMEOWNERS ASSOCIATI

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**

2. Principal Place of Business

PHOENIX MGMT SERVICES INC

Suite, Apt. #, etc.

3. Mailing Address

PHOENIX MGMT SERVICES INC

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2454254

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **GABE HERNANDEZ**
 Street Address (P.O. Box Number, Not Acceptable) **C/O PHOENIX MGMT SERVICES INC**
3082 JOG Rd
 City **LAKE WORTH** FL Zip Code **33467**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	MANIS, IRVING	
STREET ADDRESS	5867 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSS, BILL	
STREET ADDRESS	5890 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	FEUERSTEIN, SHELDON	
STREET ADDRESS	5793 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KAVAZANJIAN, LAURA	
STREET ADDRESS	5754 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZOBAL, DORIS	
STREET ADDRESS	5915 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUST, ART	
STREET ADDRESS	5939 PARKWALK CIRCLE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD MYERS	
STREET ADDRESS	5911 PARKWALK CIR. W.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAN MOGUL	
STREET ADDRESS	5866 PARKWALK CIRCLE W.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMMIT, MARTIN	
STREET ADDRESS	5955 PARKWALK CIR W	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAN ECKSTEIN	
STREET ADDRESS	5863 PARKWALK CIR. W.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECEIVED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

FEUERSTEIN SHELDON 4/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter Summit 5/17/00

CR2E037 (9/99)