

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90203 034 ****61.25

DOCUMENT # N04425

1. Entity Name
 THE SHORES AT ABERDEEN EAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 CAMPBELL PROPERTY MANAGEMENT
 3918 VIA POINCIANA DR, #9
 LAKE WORTH, FL 33467 US

Mailing Address
 CAMPBELL PROPERTY MANAGEMENT
 3918 VIA POINCIANA DR, #9
 LAKE WORTH, FL 33467 US

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2. Principal Place of Business - No P O Box #		3. Mailing Address		4. FEI Number 59-2454254		Applied For Not Applicable	
Suite, Apt #, etc		Suite, Apt # etc		01052007 Chg-NP CR2E037 (12/06)			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ST JOHN DICKER KRIVOK & CORE, PA 1601 FORUM PLACE WEST PALM BEACH, FL 33401				Name			
				Street Address (P O Box Number is Not Acceptable)			
				City		FL	

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: _____
Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required electronic filing) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANIS, IRVING			NAME	<i>Irving Manis</i>		
STREET ADDRESS	5867 PARKWALK CIRCLE WEST			STREET ADDRESS	<i>5867 Parkwalk Circle West</i>		
CITY ST ZIP	BOYNTON BEACH, FL 33437			CITY ST ZIP	<i>Boynton Beach, FL 33437</i>		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZOBAC, DORIS			NAME	<i>Doris Zobac</i>		
STREET ADDRESS	5915 PARKWALK CIR. W			STREET ADDRESS	<i>5915 Parkwalk Cir. W</i>		
CITY ST ZIP	BOYNTON BEACH, FL 33437			CITY ST ZIP	<i>Boynton Beach, FL 33437</i>		
TITLE	P/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMIT, MARTIN			NAME			
STREET ADDRESS	5955 PARKWALK CIR W			STREET ADDRESS			
CITY ST ZIP	BOYNTON BEACH, FL 33437			CITY ST ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENBERG, DIANE			NAME			
STREET ADDRESS	5762 PARKWALK CIR W			STREET ADDRESS			
CITY ST ZIP	BOYNTON BEACH, FL 33437			CITY ST ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECKSTEIN, NAN			NAME			
STREET ADDRESS	5863 PAWALK CIR W			STREET ADDRESS			
CITY ST ZIP	BOYNTON BEACH, FL 33437			CITY ST ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUST, ART			NAME			
STREET ADDRESS	5939 PARKWALK CIRCLE WEST			STREET ADDRESS			
CITY ST ZIP	BOYNTON BEACH, FL 33437			CITY ST ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lists empowered.

SIGNATURE: *Irving Manis* 1/9/07 284-0279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Print #