2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State
05-08-2003 90150 042 ****61.25

DOCUMENT # N04425

1. Entity Name

THE SHORES AT ABERDEEN EAST HOMEOWNERS ASSOCIATI ON, INC.

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ST JOHN DICKER KRIVOK & CORE , PA 500 AUSTRALIAN AVE S SUITE 600 WEST PALM BEACH FL 33401	Name: St. John, Core, Fiore & Lemme, P.A. Street Address (P.O. Box Number is Not Acceptable): Centurion Tower, Suite 701 1601 Forum Place City: West Palm Beach FL Zip Code: 33401

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] David A. Core, Secretary 4-30-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MANIS, IRVING 5867 PARKWALK CIRCLE WEST BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROSS, BILL 5890 PARKWALK CIRCLE WEST BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D SUMMIT, MARTIN 5955 PARKWALK CIR W BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREENBERG, DIANE 5762 PARKWALK CIR W BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECKSTEIN, NAN 5863 PARKWALK CIR W BOYNTON BEACH FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ray Crosby 5899 Park Walk Circle West Boynton Beach, FL 33437 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUST, ART 5939 PARKWALK CIRCLE WEST BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED [signature] 4/24/03